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**Developing Employee Counselling**

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## **Abstract**

The research focused on the counselling service provided by a major national organisation. The main aim was identification of managerial mechanisms that might be instituted to facilitate the development of workplace counsellors. It comprised of three main studies which utilised both quantitative and qualitative methods.

Over a period of eight months, corresponding quantitative data were collected after each new counselling session from six hundred and ninety-four clients and forty-six counsellors. In addition, qualitative data in the form of case notes were obtained from the counsellors, forty-three of whom also completed Levenson's (1981) Locus of Control questionnaire.

In the first study, quantitative questionnaire data from both clients and counsellors were analysed in order to investigate discrepancies between the two groups that might identify a means of focus for managing the service. Statistical exploration of socio-demographic features that might be implicated as potentially confounding variables in the assessment of counselling effectiveness and client satisfaction was also undertaken, and the proposition that non-respondents perceive less benefit from the service was indirectly explored. Additionally, the relationship between some of the Rogerian core qualities and client perceptions of benefit was investigated.

In the second study, qualitative data from counsellor notes were examined in order to establish the type of notes produced and to consider ways in which counsellors might be encouraged to focus on counselling process rather than content. As a result an instrument was developed which provides a tool to facilitate counsellor development within a professional supervisory relationship, inside or outside of the organisational context.

The third study was designed to investigate counsellors' own locus of control and their perceptions of their clients' primary loci. Objectives of the study included comparison of the two measures and exploration of relationships between locus of control and other issues of interest to the research such as client perception of benefit from counselling, perceived use of Rogerian core variables and results on the process measure.

The findings of the studies and their implications for counsellor development are fully discussed and suggestions for future research are provided.

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## **Chapter 1**

### **Employee Counselling in Industry**

#### **Introduction**

The purpose of this chapter is to give some background to the areas of employee assistance, employee welfare and employee counselling. It will provide an overview of some of the work previously completed by others in the area and outline its historical development. The overall aim of this section is to highlight some of the complexities, to indicate possible cultural differences between the UK and the USA and to propose the view that it is necessary to 'casework-manage' an employee counselling scheme. Some doubt will be cast on the feasibility of evaluation studies that focus on financial savings. Developmental stage approaches to counsellor development will be reviewed and the need for a pragmatic approach will be highlighted.

The latter sections will provide an introduction to the counselling organisation in one multinational company headquartered in the UK, an overview of the background to the research and the chapter will conclude by presenting the study objectives for the current research.

#### **The Roots of Welfare and Employee Assistance Programmes**

That people have problems of one sort or another in their lives is undeniable. That these problems affect their well being would be accepted by many. However, the *raison d'être* for a workplace to offer some mechanism to ameliorate such difficulties becomes more complex and possibly more subjective. The benevolent patriarchal employer may well have been replaced with one more concerned with the bottom line of the accounting process. The Welfare Officer dealing with selection, housing and catering may also have been replaced with a Counsellor more concerned with psychological rather than physical well being. In order to make sense of these changes it may be useful to consider the roots of welfare provision.

Welfare provision by companies could be said to be aimed at ensuring speedy return to work following absence. However, the origins of 'Welfare' and, probably the personnel function in management, lie in the philanthropic attitudes of such industrialists as the Cadbury and Rowntree families and the altruistic concern for corporate and social welfare of employees shown by companies such as WD and HO Wills at the turn of the twentieth century. In an attempt to describe the origins of personnel, Torrington and Hall (1991) described their view of the industrialists' thinking:

“...they saw their role as dispensing benefits to the deserving and unfortunate employee. The motivation was Christian charity of the noble employer, who was prepared to provide these comforts, partly because the employees deserved them but mainly because he was disposed to provide them...” (p.5)



These early pioneers developed large-scale programmes to educate and improve their employees' existence. Much of the emphasis was on physical well-being and as Martin (1967) pointed out:

“...in these early days welfare and personnel management were used virtually synonymously...” (p.266)

This highlights a difficulty in tracing the history since although accounts exist of the numbers of ‘personnel & welfare specialists’ (Martin (Ibid.), for example, quotes: Crichton & Collins (1966)) the precise roles of these people was rarely specified. Martin (Ibid.) provides an interesting review of the way in which the use of the phrase ‘welfare work’ has changed over time. Quoting from three editions of *The Concise Oxford Dictionary* he states:

“...The third edition (1934) ... gives ‘*Welfare work*, efforts to make life worth living for workmen, etc.’ The fourth edition (1951) substitutes *employees* for workmen ...The fifth edition makes no change...” (p.10)

By the time of the seventh edition (1982), the definition had become:

“... organized efforts to improve conditions of living for the poor, the disabled, etc...” (p.1221)

Thus, the emphasis moved from the workplace to society at large and from the general populous to specifically disadvantaged groups. These changes in definition may well reflect the political changes in the UK which were associated with the rise of the Welfare State - the responsibility appears to shift from the employer to society at large. During these developments, roles within personnel in industry began to become differentiated and in many organisations and government departments welfare units with specific duties began to develop. (See Martin (1967) pp.267-281 for an account)

The rise of the welfare state in the UK and the confusions between welfare and personnel have probably contributed to the lack of acknowledgement in the counselling and employee assistance literature of the growth of employee assistance schemes in the UK. They are often seen as an American import and usually credited with starting during the 1970's. In some of the literature on Employee Assistance in the UK, assumptions have been made about the ‘newness’ of personal counselling and its origins in the USA. Megranahan (1989) describes a 1971 finding that 5% of UK companies offered some form of personal counselling as:

“...indicative of some early initiatives in this area....” (p.168)



In fact, some of these initiatives were established as long ago as 1945 and King (1960) stated:

“... The social responsibility of the employer for the general well-being of his employees has been increasingly stressed in recent years. As long ago as 1920 the general object of the Whitley system<sup>1</sup> was defined as ‘Increased efficiency in the department combined with the well-being of those employed’...” (p. 5)

Government encouraged the setting up of redeployment type services to facilitate relocation and job placement following demobilisation after the second world war. The Post Office, which was then part of the civil service, and probably representative of much welfare provision in the UK, set up such an organisation. A tutor’s manual from 1966, gives an outline of the establishment of the service:

“... In 1944, a Post Office Welfare Study Group... recommended the setting up of a Welfare organisation.... [The] recommendation was carried out in 1945... One of the earliest decisions was... the appointment of Welfare staff whose main function would be to help and advise... individual members of staff with their personal problems...” (GPO Welfare Staff tutor handbook, 1966)

The Welfare Officer role included relocation help as well as inspection of accommodation, first aid provision and from the 1960’s onwards, provision of pre-retirement seminars. Some Welfare Officers undertook responsibility for younger staff, including initiatives like outward bound courses, whilst others took on responsibility for administering benevolent funds and visiting those on sick leave. The role was distinct from the personnel (or ‘Staff Group’) department but very closely allied to it and the ‘practical’ aspects of the job regarding accommodation and so on doubtless were included because of the models generated earlier in the century and mentioned above.

During the 1960’s, the Welfare role began to be more closely defined within the Post Office. The GPO staff handbook from 1962, which was supposed to be held by all 370,000 employees, contained a section on “Welfare Services” which had three headings; Personal Welfare, First Aid and Benevolent and similar organisations. Under “Personal Welfare” it stated:

“Welfare officers are directly available to members of the staff for private consultation and advice, and, where appropriate, practical help on personal, domestic or other difficulties. A welfare officer may be approached either direct, or through a supervisor or manager, or through a staff association representative.” (GPO staff handbook, Issue 1, August 1962)

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<sup>1</sup> John Henry Whitley (1866-1935) was an English, Liberal politician who chaired a government committee on ‘Relations between Employer and Employed’ (1916) and began the development of what became known as the ‘Whitley Councils’.



The first aid and benevolent fund administration were also under the umbrella of the welfare organisation and the decision to set up a formal training programme for welfare officers led to the commissioning of a sizeable training unit. The distinction between 'personnel' and 'welfare', mentioned above (p.1) was thus becoming clearer.

Few roles in industry can have had as much autonomy and worked with so little supervision as the welfare officer of the 1960's. Record keeping was probably the only way of ensuring that people were regularly monitored. Martin (1967), writing about industrial welfare in general, makes the point forcibly:

“...But records and returns there must be. Any organisation which claims to do without them is also claiming that it doesn't know what it's welfare officers do, how they are doing it or indeed whether they are doing it at all - and doesn't care sufficiently to find out. In such organisations we will find amateurism and weak sentimentality based on vague objectives, instead of the more astringent insight and understanding which characterises the real professional...” (p.226)

The underlying issue here may be that 'subordinates are not to be trusted' rather than the pursuit of the 'real professional' but the fact that records were kept enables us to more clearly identify the type of issues dealt with at the time. Martin (Ibid.) provides details of records that were used. (pp. 227-238) Such data typically classified the origin (e.g. direct, via manager, union, external source etc.), type of case (e.g. Domestic, Employment, Sickness, Accommodation, Bereavement, Retirement & Miscellaneous) and the location and grade of the individual client. It would seem that data from one person was rarely objectively comparable with data from another and 'checks' consisted of ensuring that each item of paperwork supported the others. According to Martin (Ibid.) the number of enquiries to a service were not recorded unless; a. these took more than thirty minutes; b. it was anticipated there would be further contact; or c. a third party needed to be consulted. (See Martin (1967) pp.227-228) Thus, there must have been considerable scope for manipulating the data and despite Martin's claim above, the existence of records could be no guarantee that the organisation really knew what its people were doing.

The approach adopted by Martin above in relation to the keeping of records may be indicative of a 'Civil Service' mentality and this is not surprising since in the 1960's and early 1970's the GPO Welfare Training Centre trained welfare officers from many government departments and private companies and so tended to set the standards which were adopted within the UK.

Although 'Interviewing & Counselling' was one of the subjects taught at this training centre, the thrust of the training was on information and knowledge of benefits, procedures and legal issues. The role during the 1960's in the UK could, therefore, be said to be more concerned with advice and guidance rather than counselling or empowerment.



Nonetheless, in his 'postscript' Martin (Ibid.) discusses the appropriateness of the terms 'Employee Counsellor' and 'Occupational Welfare Officer', concluding that the latter title is preferable:

“...‘Employee counsellor’ is open to objection on several grounds. It is a limiting title. It limits the man to ‘employees’, which usually... excludes managers.... It limits his role to personal counselling, which...is but one aspect of occupational welfare work; it does not acknowledge his interest in physical or group welfare...” (p.277)

So, it is clear that although only part of the function, ‘personal counselling’ was seen as an attribute of the Welfare Officer at least as far back as 1967.

The origins of industrial welfare in the UK are, therefore, at least as old, if not older, than their American counterparts. Welfare services have developed in much the same way as personnel has done - from being an organisation’s ‘conscience’ to becoming organisational consultants - The modern day equivalents of Cadbury and Rowntree do not usually run to providing quality housing and other physical improvements in living conditions but seek to empower the employee.

Employee Assistance Programmes (EAP’s) began in earnest in the United States in response to the costs associated with alcohol abuse. The roots are unclear with different writers citing different organisations but Swanson & Murphy (1991) cite the establishment of the first industrial psychiatric service at the Cheyney Silk Company during 1915.

One of the first documented counselling schemes was started at Western Electric in 1933, where the Hawthorne experiments took place during the 1920’s. The counsellors were employees of the company and had no clinical training. The scheme’s purpose according to Murphy (1988) was:

“...to use the interview process itself to bring about adjustments in employee and supervisory attitudes. Diagnosis, prescriptions or advice-giving were specifically avoided in favor of a non-directive, confidential listener’s role...”  
(p.306)

It is interesting to note that the stance taken in this scheme is essentially that which came back in vogue with the rise of humanistic approaches some years later. The focus shifted towards the treatment of individuals with alcohol problems between about 1940 and 1960. However, Murphy (Ibid.) points out that despite efforts to encourage companies to set up occupational alcohol programmes by the National Council on Alcoholism and the Yale Center of Alcohol studies, only 50 companies had formal programmes operating in 1959. According to Smith & McKee (1993) true occupational alcohol programmes began in 1942 in E.I. Du Pont de Nemours and Company but the real growth in programmes seems to have started in about 1960 according to Murphy (Ibid.) These early Employee Assistance Programmes tended to medicalise problems, using the disease model for alcohol abuse.



It was during the post war period that the scope broadened, initially dealing with the relatives of those with alcohol problems and ultimately with a range of presenting problems. Whether this was due to the rise of humanism, the popularity of theories indicating that alcohol abuse might be a learned behaviour or the realisation that problems other than alcohol might impair employees' productivity is beyond what can be addressed here. However, as Murphy (Ibid.) points out:

“...The more recently established EAPs have been promoted as ‘broad brush’ programs, which purport to offer assistance to all ‘troubled employees’. By and large, though, EAPs continue to focus primarily on the alcoholic employee...” (p.307)

The fact is, then, that the scope and background of schemes in the USA and the UK may well be different because of the difference in their origins. It may well be that the rise in ‘Employee Assistance’ schemes in the UK has as much to do with the term ‘Welfare’ losing popularity because of its associations with the Welfare State and ‘benevolence’ as it does with their importation from the USA. There is little doubt that the Control Data EAP started in Britain heralded the dawn of a new interest in industry but there is also little doubt that similar schemes existed in the UK well before 1971. The fact that some UK schemes were called ‘Welfare’ seems to have led some people to assume that they did not include personal counselling. The evidence suggests that this was not the case.

### **Diversity in definitions and practice**

Whatever a scheme is called, it has to be funded. The question then arises as to why an employer should bother. One might argue that a scheme could be viewed by employees as a perk, to minimise staff turnover, or as the organisation wishing to be seen as a caring employer. In the author’s experience, programmes are often retained or initiated on the grounds that they save the employer money. This is very difficult to quantify with any degree of academic rigour but this has not stopped many researchers attempting to do so. For example, United Airlines claimed in 1989 that for every \$1 invested, they saved an estimated \$17. (IRS employment trends 438, April 1989) Cooper claimed that in one study:

“...we showed that for every 175 people counselled, the company improved turnover by £100,000...” (Cooper 1990, interview transcript in Employee Counselling Today, Vol.2, No.1, p.8)

The validity of such studies is considered later in this chapter. However, a central problem is in deciding exactly what sort of scheme one is dealing with. There are no simple definitions in this area and the confusions discussed above in relation to personnel and welfare become further confounded when one includes employee assistance and employee counselling. Before moving on, therefore, it will be useful to examine what is meant by ‘Employee Assistance’, ‘Counselling’ and ‘Welfare’.



Berridge & Cooper (1994) define an employee assistance programme (EAP) as:

“... a programmatic intervention at the workplace, using behavioural science knowledge and methods for the recognition and control of work and non-work related problems (notably alcoholism, drug abuse and mental health) which adversely affect job performance, with the objective of enabling the individual to return to making her or his full work contribution and to attaining full functioning in personal life...” (p. 5)

The emphasis on alcohol, drugs and mental health probably has more to do with EAP origins in the United States than with their British counterparts. Indeed, in an article on counselling supervision, Michael Carroll cautions against too ready acceptance of approaches that may be culture specific:

“... We need to be careful that we do not transport theories that work well in other climates to Britain without serious investigation that they will adapt well to the changing environment...” (Carroll, M. 1988 p389)

Berridge & Cooper (ibid.) would probably accept that there are cultural differences but they go on to contrast their view of the EAP with other schemes:

“... Unlike some external counselling which can be opposed to the values of work; it is also different from much traditional Welfare provision which is designed to counteract or offset the damaging effects of work...” (p.5)

Unfortunately, they fail to substantiate these comments with evidence or examples.

Such generalisations are not useful and, it is likely that Berridge and Cooper are taking an historical perspective on welfare provision and making assumptions about the moral stance taken by all external counselling providers. Whilst there is no denying that the organisational context complicates both welfare and counselling provision, it does not invalidate the ethical base upon which practitioners work.

In brief, provision in the UK may be different to that in the USA. The terms used by Berridge and Cooper may have precise meanings to an American audience but they do not seem to transport well.

Orlans (1991) in an article on evaluation research makes a crucial point about trying to compare schemes:

“... Evaluation literature on EAP’s does not generally provide us with sufficient data to assess differences between schemes and to relate these to research outcomes in any systematic way... No two programmes ... are ever the same...” (p.27)

Whilst providers wrestle with the definitions, it might be argued that it will be some time before a British audience is able to have precision in the various descriptions



surrounding assistance schemes. The author will therefore try to avoid confounding the problem by producing yet another.

In this paper, the term 'Employee Assistance' is used throughout as the generic, encompassing the advice, guidance and counselling continuum. In practice, schemes called 'Employee Counselling' may also provide advice and guidance and those called 'Employee Assistance' or 'Welfare' may concentrate on counselling. Some schemes started out as 'broad brush' approaches. Some began as initiatives related to alcohol problems (as in the US model) and have retained this focus. Others have widened their scope to include other issues. For example, British Airways has a scheme called the 'British Airways Employee Assistance Programme'. This uses employees co-opted from their normal work roles and identified as 'helper' or 'counsellor'. 'Helpers' are selected from non-management grades and undergo selection and training. They may progress to 'counsellor', dependent on their training and experience. 'Counsellors' are seconded from their normal role for six months full time and then return to their normal duties with a reduced caseload. British Airways also has several other schemes that might elsewhere be known as EAP's. 'Crew Care' provides mainly short term counselling to and by cabin crew. Trained social workers and counsellors staff 'Heathrow Travel Care' and its services include crisis and long term counselling. (See Smith & McKee 1993 for a more detailed account of the BA scheme)

The Royal College of Nursing operates a scheme known as 'Counselling, Help and Advice Together', which grew from:

"... two former RCN departments: an advisory service for overseas nurses living and working in the United Kingdom and the former RCN Nurses' Welfare Advisory Service..." (Somerville, 1990 p.14)

According to Somerville (Ibid. pp. 14-15), this scheme has counselling as its focus but also employs full time advisors. This may be another example of the 'fashion' to move away from the word 'welfare' in the UK.

Other companies offer a range of services using full time, associate counsellors or some combination of the two. These schemes are often tailor made to secure the contract on which the company is bidding. For example, ICAS (Based at Apsley Guise, near Milton Keynes) offer a comprehensive range of services to their client companies which range from counselling at one end of the continuum to legal advice at the other.

Such services, can be variously described as 'Employee Assistance', 'Employee Advice', 'Employee Counselling' or 'Welfare' but whoever the provider might be, the range and detail of the service provided usually deserves closer scrutiny than the service's title.

Therefore, it is important to be aware of the detail of the services provided by an organisation rather than relying on the title to explain its purpose.



In considering 'Counselling', it is important to acknowledge the effect that the organisation has on the counselling relationship. Instead of a one to one relationship as is the case with a privately consulted counsellor, the relationship becomes one to two - The individual, the counsellor and the organisation. Where an external provider is used by a company, the relationship can become even more complex - The individual, the organisation, the counsellor and the counsellor's organisation. Thus, central difficulties in studying an externally provided scheme relate to the complex, many faceted nature of the relationships involved. Even where a service is internally provided by employees of a company, there may be differences between services in the scope of the counsellor's role, differences due to company policy and the differences caused by general idiosyncrasies of the 'business machine'. There is also the question of what, if any, involvement the counsellor should have in issues such as 'delaying', 'downsizing', T.Q.M., Business process re-engineering, management development / training and the more traditional organisational development issues such as team building, conflict management and so on. Importantly, at least from the counsellors' point of view, there are issues surrounding the counsellor's professional ethics and the bounds of responsibility to the business balanced with providing confidentiality to the client. Carroll (1995) provides an overview of some of the issues and the research on organisational settings but makes the point that:

"...The experience of... counsellors working for the organisation... is scarcely documented..." (p.23)

Berridge and Cooper (ibid.) take the view that an employee assistance scheme:

"... becomes part of organizational discourse, it reflects and nourishes the organizational culture and it becomes part of the organizational learning, problem solving and adaption mechanisms..." (p.5)

In the author's experience as both a counsellor and manager with responsibility for company policy on the subject, many of these issues are not static but subject to fairly regular negotiation which in itself tends to cause frustration to the manager (who cannot accept that professional ethics should apply in an industrial setting) and to the counsellor (who cannot see professional ethics being threatened because of 'normal business practice'). The role definitions implied by individuals in this setting are, themselves, an interesting area worthy of further research. Some work has been done by in this area by Crandall & Allen (1982) who suggest that:

"... in order to fully understand the development of a therapeutic relationship one must pay attention to the organizational context within which the helping occurs ..." (p.431)

These authors suggest that 'parallel processes' can occur between client / organisation, client / counsellor and counsellor / supervisor. The client / counsellor relationship being mirrored in that between the supervisor and counsellor and the client / organisation being mirrored in that between the counsellor and client.



Towler (1996) uses earlier work by English (1975) and Micholt (1992) to describe the importance of providing administrative, professional and psychological contracts<sup>2</sup> in organisational settings. Towler (Ibid) provides an example of how the notion of 'psychological distance' (Micholt(1992)) can be used to illustrate problems with unequal closeness between the counsellor, client and organisation and how in a relatively simple case, all three alliances might interfere in the process. (Empathy might cause a client-counsellor allegiance against the organisation, work with the client's manager might cause an organisation-counsellor allegiance against the client and the exit process requiring a 'welfare report' might cause an organisation-client allegiance against the counsellor.) English's (1975) 'three cornered contract' provides a useful model that can help to avoid some problems between the group, its facilitator and the organisers in a training situation. By adding the notion of psychological distance, and broadening the concept to include situations other than groupwork, Micholt (1992) developed a structure that can, potentially, be used to diagnose and correct some of the difficulties that can arise in the organisational setting.

If one takes the open systems theory view that each part of the system is influenced by the others (Katz and Kahn, 1966), then the organisation and its culture play a significant role in organisational counselling and vice versa. Indeed, the organisation would be well advised to listen to its counsellors, because apart from having a unique insight into the 'grass roots', they may also be influential within the organisation through their interactions with clients. Similarly, the organisational counsellor needs to remember that the organisation should not be ignored and that whilst they may be a 'professional counsellor' they are also influenced and influential in the organisation.

The debate around whether a service should be provided internally (thus giving the business a perception of having more control) or provided externally (thus giving clients the perception of more stringent confidentiality) is one which is never likely to be resolved. There are arguments on both sides of this divide and it is, in the author's opinion, unlikely that sufficiently rigorous material will ever be designed to prove the point one way or another. The protagonists on both sides argue forcibly but the data on which arguments are based tends to be highly subjective and does not lend itself to objective scrutiny. External providers will tend to argue that client confidentiality and professional standards are higher with their organisations. Whilst this might be true of some providers, others may be prepared to provide their sponsors with information about clients which is likely to breach professional standards and many external providers use 'associate counsellors' who are rarely subjected to a rigorous selection process or ongoing monitoring of standards.

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<sup>2</sup> Administrative - physical & access arrangements. Professional - overt boundaries & client/organisational expectations on feedback and confidentiality. Psychological - preconceptions of client and counsellor.



In business, 'the bottom line' is often the driver for choosing one type of provision over another. Davis and Gibson (1994) quote from an IDS study (No 503 'Can I Help You?'):

“... It is also estimated that 6,000 employees is the cut-off point above which contracting out is more expensive than a home grown alternative...” (p.39)

However, such assertions are based on constants as far as external suppliers' costings are concerned and, in practice, a supplier will often be prepared to reduce his or her margins in order to secure business. Therefore, such 'rules of thumb' must also be treated with caution. Clearly, being part of the organisation has both benefits (E.g. an understanding of culture, procedures, systems) and risks (E.g. too ready identification with either organisation or client) and the utility placed on one particular aspect may well sway any decision.

So, the area is complex. Defining the content of a scheme often needs much more than its title and even focusing on the counselling aspect is not without complications. The internal / external provision debate is likely to be long running - as external companies attempt to take-over internal schemes and internal schemes fight to survive the competition. There seem to be dangers in attempting to compare American schemes with those in Britain and even in the same country, there are differences between companies.

One of the issues likely to enter the debate during market testing or outsourcing a scheme is: 'Which provides better quality and value for money?' This too, is not an easy question, since the research that has been done is inevitably situation specific. Indeed, it is unlikely with the differences in schemes that there will ever be a means of measuring like against like. Where there is apparent commonality, for example in the counselling element of schemes (with the rider mentioned above), there is little evidence apart from counsellor qualification to demonstrate that one is better than another. Using counsellor qualification as the criterion in an area with few generally accepted standards and only an emerging professional structure is not really enough. If it were enough, and one accepts the influence on and by the organisation, then each scheme is inevitably unique.

Furthermore, employers would be well advised to regard any claims of savings as suspect, since it is impossible to argue beyond doubt that improvements in sick absence claimed by the likes of Cooper et al. (1989, 1990, 1994) are solely due to counselling that an individual has received. Add to this the difficulty in comparing research conducted in the USA with that in the UK and, although out of context, William James' quote comes to mind - we have 'one great blooming, buzzing confusion!' The different origins, social structures, organisations and legislative regimes may make comparison impossible.

Whilst it may not be possible to compare, there is sufficient evidence to suggest that there are elements which might be combined to produce 'best practice'. There would seem to be scope to use the 'parallel process' as a means of ensuring that counsellors



maintain an adequate psychological distance from both clients and the organisation and this also suggests the need to feedback to the organisation at some pre-determined level which is consistent with professional standards and made clear to all parties concerned.

## **Evaluation and Background Research**

As Highley and Cooper (1994) noted:

“... there is a paucity of information about services in the UK and an even greater lack of research substantiating their effectiveness. What research does exist has been largely anecdotal and carried out almost entirely in the US...”  
(p.48)

Much of the previous research in the area of evaluation seems to be concerned with justifying the existence of counselling or employee assistance programmes, not solely with improving their quality. Whilst the ‘quality’ word is commonly used in such research, it isn’t surprising that a central driver is in proving a scheme’s value. As businesses faced the recession during the late 1980’s and early 1990’s, a common topic within the personnel function was ‘market testing’. This became part of government policy during the 1990’s and so the public sector was also subject to ‘compulsory competitive tendering’, ‘outsourcing’ or one of its variants. Whilst these moves were broadly targeted, those involved in counselling, welfare or employee assistance had little ‘hard’ data to show their effectiveness. External providers needed to show to potential customers that they could bring savings and internal suppliers needed to demonstrate their worth to survive.

Ethical constraints give the prospective evaluator many problems. Not least of these is gaining access to a sample. Companies are reluctant to allow the researcher access to confidential information about their employees and programme managers tend to regard the confidentiality of their clients as paramount. Some of this resistance may be due to genuine concerns for confidentiality, some may be due to a fear that the evaluation may fail to prove that the scheme works and some may relate to the difficulties of applying scientifically rigorous techniques to what is, after all, a rather ‘messy’ subject. The psychologist wanting to use a control group has to wrestle with the prospect of denying an individual access to the programme (hardly ethically acceptable) or of using ‘waiting list’ controls (hardly comparable - since they have indicated interest in attending). Few companies are likely to have a scheme operating in one location and not in another and even if this were the case, differences in the local environment may well confound the samples.

The difficulties mentioned earlier about comparing different programmes are also pertinent in terms of evaluation research. ‘Stress’ programmes often treat those who have symptoms as well as those who are not stressed in so much as it is fairly common for an organisational intervention to consist of stress awareness, prevention, management *and* treatment. Programmes designed to tackle alcohol problems, as were many programmes in the US, tend to treat those identified as having a problem.



Thus, in the 'stress' programmes, it is difficult to gain effective pre-post intervention behavioural indicators, whilst the alcohol reduction programmes have a clearer target behaviour. Where a programme deals with virtually any sort of problem referred directly, by managers, by unions, external GP's, social workers and so on, and where it runs in tandem with other organisational interventions, the difficulties in effective evaluation become apparent.

Cooper, Sadu and Allison (1989) completed what has been regarded in personnel circles as:

'... a rigorous academic evaluation...' (Personnel Management, August 1989)

This was of an in-house stress counselling service in the British Post Office and was part-funded by the Health and Safety executive.

This study used sick absence data from the six months prior to counselling and compared it with the six months following closure of the case, together with client questionnaires at the first interview and at closure. A similar format of research has been used by Cooper et al. in studies since this early work (For example, Highley and Cooper (1995)). The main criticism of such work is that one simply cannot isolate the effect of counselling as the causal reason for a reduction in sick absence patterns. The pattern may well have changed for some reason other than counselling. Writing in 1994, in an article on the problems of evaluation, Highley and Cooper seem to accept that:

"... One of the common criticisms of research.... is that many factors other than the treatment programme itself can influence the results..." (p.10)

Indeed, if we are to believe the work of Rogers et al. and Carkhuff (cited below) it may be that a chat with a colleague or manager displaying good interpersonal skills would have had an equally beneficial effect or simply that the manager altered her approach because she knew that the counsellor was involved. Furthermore, the Hawthorne experience should warn all those engaged in research that any intervention can result in an improvement. So claims that an improvement occurred following the introduction of counselling might be no more valid than claiming that redecorating the staff canteen caused a reduction in company turnover.

In the later work (1995), Highley et al. used control groups that appear to have been carefully matched on age, sex, grade, and length of employment. The findings showed:

"... a significant reduction in both the number of absence events and the total number of days absence, from pre- to post-counselling. There was no such reduction for the control group..." (Highley & Cooper 1995, p.2)

Whilst this seems to go some way to balancing the concern of an implied causal relationship, no matching of control groups can ever adequately overcome a



fundamental dictum of client centred approaches - that every client is unique. Therefore the concept of a control group is something of a non-starter for the researcher espousing Rogerian views of human nature. Even if one were not to adopt a Rogerian stance, the use of control groups in the conventional sense may not be enough unless the researcher also controls for factors other than age and gender etc. Clients often become clients because they lack internal coping mechanisms, have insufficient or inappropriate social support or because their perception of their problem situation is unrealistic. Consequently, to use a control group which fails to account for such variables probably overlooks things that may be central to the achievement of an effective outcome. The factors used by Cooper et al. in developing their controls are appropriate (to some extent) if the target behaviour is purely a reduction in sick absence and a direct link is not postulated between counselling and the target behaviour. It is hard to believe that this is the case. Whilst this may be of interest to those wanting to estimate the value of a scheme - or more likely, to justify its existence to a company - it fails to isolate variables which may relate to the success or otherwise of the counselling encounter. It presupposes that counselling works without specifying what it is in counselling that is important. It may be, for example, that clients recommended for counselling by their managers demonstrate an improvement in their absence patterns simply because 'having counselling' implies to them that the situation is serious and that, therefore, their jobs are under threat. Similarly, it may be that having realised the seriousness of their problem they resolve to tackle it and, counselling or not, they consequently improve their absence pattern. A true control would require client internal variables (such as motivation, creativity, intelligence, perception of problem / solution, self esteem / image), client social variables (such as social / managerial support, social awareness, social resource availability) and problem situation to be identical, or in some way controlled, in order to draw the conclusion that counselling was responsible for an improvement. The research by Highley et al. also used only the responses of clients rather than both counsellors and clients and this too can be a serious flaw in the design. For example, a client expecting to get cash from a benevolent fund via a counsellor might not rate the counsellor highly when, in fact, the counsellor has done a good job. Similarly, a client receiving cash rather than counselling might rate a counsellor highly when, in fact, the counsellor may not have provided an effective service.

Sloboda et al. (1993) describe the setting up of a counselling service in Kent Social Services during 1990 and the subsequent programme of evaluation using both client and counsellor responses. Although at first sight this research appeared to overcome the problems of using only client responses, it suffers from a number of difficulties on further inspection.

Firstly, the paper does not report biographical data on clients who failed to complete the questionnaires nor on those who dropped out of counselling. Clients completing counselling must perceive that there is some value in it or they would not have continued to attend. Because of the effort that the client has committed to counselling, they are more likely to view it as effective - otherwise they would have to accept that they had wasted their time. Therefore, we should expect a positive



evaluation of the service, since 'drop-outs' are not reported. Sloboda et al. do draw the readers' attention to the fact that of the 50%+ respondents, these:

“...tended to be from those for whom counsellors had judged the counselling to be successful...” (Ibid. p.10)

but they fail to report data on the remainder of the sample.

Thus, an interesting area that seems to get little attention in evaluation research concerns those who either do not respond to questionnaires or who dropout of the counselling process after starting. The author suspects that the reason behind those studies which report a substantial amount of client satisfaction relates to the fact that those who are not satisfied are more likely to be non-respondents.

By collecting biographical data about those clients who are given the opportunity to comment on a scheme but who choose not to respond, it would be possible to examine if there are differences between non-respondents and respondents. Whilst this will not show if non-respondents are also dissatisfied, it may indicate ways in which the questionnaire or methods employed in its administration might be changed to increase the response rate. Data on non-respondents may show something of the shadow side of a rosy evaluation and is worthy of further effort. Ethical constraints make 'follow-up' of non-respondents problematic but if biographical data were collected at the outset, it would be possible to examine trends in age, employment or gender, for example.

A second difficulty in Sloboda et al.'s study is that the counsellors appeared to be split between those directly employed by the scheme and those '...who might be engaged on an ad hoc basis...' (ibid. p.5) Whilst this potentially gave an opportunity to compare outcomes between internal and external counsellors, no such data are reported. This raises the question of whether there might be differences in organisational commitment or approach between these groups of counsellors and indeed different outcomes on work related and personal issues for clients.

A final point on this study is that client views were sampled only at the beginning of counselling, whereas counsellors' views were taken at the beginning and end. This may well have been because of the likelihood of having a very small client sample at the end of counselling compared with at the beginning, since non-response combined with dropouts may have accounted for a sizeable number. Presumably, counsellors would have had sight of their client responses before completing the end measure and therefore the counsellor end measure was likely to be influenced by the client's perception. Whatever the reason for not having a client end measure, the counsellor may well have received corrective feedback as a result of seeing the clients' response. As will be demonstrated in the present research, this can be used developmentally or correctively.



Orlans (1991) highlights a number of points about evaluation research which have influenced the present work. On stress management interventions, she argues that these:

“... Target the individual as a focus for change rather than first attempting to link the experience of stress with factors in the work environment...” (p.29)

From an organisational perspective, it may be a convenient short-term strategy to blame the individual for being stressed. However, employers have become concerned with the possibility of litigation against them under the ‘duty of care’ (Health & Safety at Work Act) following the case of Walker v Northumberland County Council (1995) (quoted in Aikin 1995, p.25 and also Earnshaw & Cooper 1996, which provides an overview of the litigation and liabilities in this area). Walker successfully sued for stress related illness where this was caused by his normal work rather than an accident. The County Council settled out of court in May 1996, sometime after announcing their intention to appeal. This case alone would seem to indicate that targeting the individual with an intervention and ignoring the environment may leave employers open to prosecution. Therefore, any EAP should develop some sort of organisational interface and the output of evaluation, given restrictions applied through confidentiality, should be fed back into the organisation.

Orlans (ibid.) also comments on a tendency within evaluation research to produce work that yields tangible results. She says:

“... It is interesting to note that most studies in the areas of EAP and stress management evaluation focus on behavioural or structural interventions - That is those that have something concrete which can be easily identified. Results from the counselling literature, for example, are not brought into the arguments, possibly because of the less tangible factors involved and possibly because of the fact that evaluation studies have not been carried out in work settings... There are few people who would not regard qualities such as ‘Purposefulness’, ‘Courage’ or ‘Engagement in life’ as substantial contributors both to the effectiveness and to the quality of working life in an organisation. For this reason alone, these qualities need to be a focus in our studies, at the very least as a compliment to the more ‘objective’ factors such as ‘days off sick’... We need to be prepared to take on the difficult challenge of dealing with ‘soft’ as well as ‘hard’ data...” (pp.29-30)

The tendency to which she refers may be the result of the twin pressures from business requirements and from those doing the research to apply the ‘scientific method’. Whilst the qualities highlighted may have been specifically chosen to illustrate the difficulties in operationalising them, the sense of her writing leads one to conclude that she believes there is scope for investigating other ‘soft’ areas. The desire to produce ‘hard’ data probably has as much to do with selling schemes to the business world or pandering to the manager’s desire for statistics. The business world does not always apply the same scrutiny to statistics as in academia and, in the



authors experience at least, is often very uncomfortable with 'soft' data. Other 'soft' areas in counselling are, at first sight, just as difficult to operationalise as some of the terms cited by Orlans (above). However, during the 1960's and 1970's, and indeed since, considerable effort has been focused on the counselling relationship. Rogers (1967), Truax and Carkhuff (1967), Barrett-Lennard (1962, 1978, 1981, 1986), Gelso and Carter (1994) and Horvath and Greenberg (1986, 1995), amongst others, have all produced work which indicates the importance of the relationship in counselling. In trying to establish what makes counselling work effectively, many of them more closely defined such terms as 'empathy'. (See also Duan & Hill, 1996)

Much of this research was motivated by studies during the 1960's which indicated that counselling and psychotherapy did not actually make a difference (See Eysenck, 1960, 1965; Levitt, 1963 or Lewis 1965 for example). Indeed the early attempts at studying the outcome of therapy by the likes of Rogers et al (1967) indicated that some professionally treated clients got significantly worse. Further investigation led to the belief that underlying qualities of the relationship (things like genuineness, respect, empathy and so on.) are crucial to an effective outcome in counselling. Others have replicated this early work (in part); Bozarth and Rubin (1975) in a study of rehabilitation counsellors in the USA found that:

“... The higher levels of the interpersonal skills... tended to be related to higher vocational gain at closure, higher monthly earnings at follow-up, positive psychological change ten months or more following intake, and greater job satisfaction at follow-up...” (p.296)

Valle (1981) measured the level of empathy, respect, genuineness and concreteness of a group of alcohol counsellors and then allocated 244 first time admission patients randomly to counsellors with different scores. Referring to this study, Marshall et al (1982). state:

“... Results indicated that the higher the level of interpersonal skills of the counsellors, the fewer times a patient relapsed...” (p. 61)

Gelso and Carter (1985) took a slightly different approach in suggesting that the counsellor-client relationship consisted of three parts; *a working alliance*, *a transference component* and what they termed a '*real relationship*'. Whilst the approach is different, many of the sub-components relate to Rogerian core conditions. The additional emphasis on transference provides the contrast and indicates that the roots of the writers probably lie in the psychoanalytic tradition. However, the paper is not restricted to one particular theoretical stance:

“...all therapeutic relationships consist of these three components, although the salience and importance of each part during counseling or therapy will vary according to the theoretical perspective of the therapist and the particulars of a given therapy... ” (p.161)



In later work, Gelso and Carter (1994):

“... sought to address (a) how the three components interact with one another... and (b) how the operation of the components varies across the course of psychotherapy...” (1994, p.296)

In fact, their paper was more tentative than this quote suggests and, although it has been heavily criticised, principally for its vague definitions (e.g., Greenberg 1994), it is worthy of note for attempting to grapple with some of the less easily defined concepts in counselling and therapy.

Discussing Rogers (1957, 1975) and Patterson (1984), they argue that the core conditions of empathy, unconditional positive regard and congruence do not define the relationship, however important ingredients of effective therapy they may be. Rather they see the core conditions as part of the attitudes brought by the therapist to the relationship and choose to focus on their earlier (1985) definition of the relationship:

“... the feelings and attitudes that counseling participants have toward one another, and the manner in which these are expressed ... ” (1985, p.159)

They argue that, of the three components, the *working alliance* is:

“... probably the most fundamental if therapy is to proceed effectively or at all... ” (1994, p.297)

Their second component, the *transference configuration*, they define as consisting:

“... of both client transference<sup>3</sup> and therapist countertransference<sup>4</sup> ... ” (1994, p.297)

and finally, they define the *real relationship* as:

“... that dimension of the total relationship that is... relatively independent of transference... seen as having two defining features: genuineness and realistic perceptions. Genuineness is defined as the ability and willingness to be what one truly is in the relationship - to be authentic, open and honest. Realistic perceptions refer to those perceptions that are uncontaminated by transference, distortions or other defenses. In other words, the... participants see each other in an accurate, realistic way... ” (1994, p.297)

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<sup>3</sup> Transference is where feelings, attitudes and behavior from earlier (or other) relationships are displaced onto the therapist as though they were about the client-counsellor relationship.

<sup>4</sup> Countertransference is where the counsellor's archaic (or present) feelings, attitudes and behaviour to some object other than the client are brought into and, hence, interfere with the therapeutic relationship or process.



They argue that although the importance of the *real relationship* will vary depending on the theoretical perspective:

“... all therapeutic encounters contain a real relationship component... Generally [they] propose that the stronger the relationship (i.e., greater genuineness and more realistic perceptions), the more effective the therapy, although like all other components, the real relationship will vary over therapy in its salience and importance... ” (1994, p.297-298)

Gelso and Carter quote the work of Horvarth and Symonds (1991) who produced a meta-analysis of the relationship between the working alliance and outcomes, which seemed to show that an effective working alliance was indicative of a positive outcome and that early measures in counselling were predictive of outcome. Whilst this lends an amount of credibility to their argument, the exact way that the term ‘working alliance’ is defined (i.e., what aspects of the relationship it encompasses) will dictate whether or not support is actually lent to Gelso and Carter’s hypothesis. Since they define *the working alliance* as different to the *real relationship*, it is easy to see why some of their critics have stated that aspects of their work are vague and ambiguous. (E.g., Greenberg (1994), Patton (1994)). Furthermore, as Greenberg (1994) noted, the concept of genuineness or congruence is inextricably linked with therapist values such as unconditional respect for others - and transference also, inevitably, contaminates this. So it is difficult to see how the various components and elements within them might be separated. Nonetheless, if counsellors are forced to adopt only research methods that demonstrate easily operationalised concepts, then the practical value of such research will inevitably be lessened. The area is complex, the concepts are relatively ill defined and the ethical constraints which impinge upon using the ‘scientific method’ are restricting. Therefore, we must indeed begin tentatively and for this reason alone Gelso and Carter’s research should be applauded.

Their main contribution lies in nineteen theoretical propositions that they put forward. These could serve as a guide to future research and, although the majority require further work to turn them into more empirically oriented statements, they offer a tentative large-scale, low-definition, map of the territory seen from one perspective. Many of the propositions highlight the interactive nature of the three components. Nine of the propositions relate to *transference configurations*. Three to the *real relationship* and seven to the *working alliance*. Those relating to the *working alliance* are reproduced below:

“... 4. The more positive the therapy participants are toward one another within the context of the real relationship, the stronger will be the working alliance.

5. It is possible for the client and the therapist to be too positive toward the other, thus impeding the working alliance.



6. The working alliance also influences the real relationship. The stronger the alliance, the more likely are therapy participants to express directly genuine and realistic feelings toward one another...

... 7. The working alliance is more than an additive summation of the transference configuration and the real relationship. It is an attachment that exists to further the work of therapy and contains participants' role expectations regarding the work of therapy...

... 10. Although the formation of a sound working alliance is important in all therapy, it is especially important in brief therapy.

11. The existence of a sound working alliance is especially important during crises in the relationship at which times the alliance facilitates the participants' working through of those crises.

12. Especially in treatments that abbreviate duration, an initially sound working alliance will subsequently decline but in successful therapy this decline will be followed by an increase in earlier high levels... " (pp.300-302)

Proposition 12 is based largely on the work of Mann (1973) cited by Gelso and Carter (1994) as indicating:

"... that after initial optimism, clients in time-limited interventions experience frustration and negative reactions to the limitations that are being placed on them. This negative phase is, however, followed by a positive reaction that is also more realistic than that initially experienced..." (p.301)

The proposals relating to the *real relationship* are reproduced below:

"... 17. As the therapy relationship progresses, the real relationship deepens. Each participant holds a wider range of realistic perceptions of the other, and each is able to be more fully genuine.

18. During the latter stages of most therapies the real relationship is more prominent than ever, whereas the transference relationship tends to recede.

19. A positive real relationship facilitates process and outcome in both brief and longer term work but is generally most important in brief work... " (p.304)

Although a lot of the interpersonal characteristics suggested by the Rogerian core concepts and cited by Gelso and Carter above could be argued to be innate in the good counsellor, the work of Carkuff (Ibid.) and the subsequent development of skills models by the likes of Egan (1975) and Ivey (1978) would seem to indicate that such characteristics can be enhanced through training. However, it is widely accepted that people's retention following training tends to tail off over time. (Patrick, 1992, provides a useful review of the research in this area) Therefore, another key issue is to



find a means of ensuring transfer and retention of skills into the 'real world' after trainees had left the formal training arena.

Thus, the area of research into Employee Assistance, particularly in the UK, is sparse and fraught with methodological difficulties. Although the word 'quality' is commonplace in the research, the focus has tended to be on justifying the expense of providing a scheme. It would seem important in measuring 'quality' to gather both client and counsellor responses and to investigate data on non-respondents.

Whilst the attempts by Cooper et al. (1995) to introduce the scientific rigour of control groups should be applauded, it is difficult to see how they can be effectively employed to control for individual differences between clients at the level of personality or their environments. It has also been argued (p.14) that the uniqueness of the person implied by the espousal of a Rogerian stance precludes the concept of a control group.

The flaws in Sloboda et al. (1993) lead to the idea that client responses might be used correctively or as a means of development for counsellors. The heightened awareness of the employer's duty of care under the Health and Safety at Work Act indicates the need to build into any 'quality' approach some form of organisational interface, able to indicate organisational or environmental problems so that an employer might take steps to correct them. At the same time, any such initiative has to respect individual client confidentiality. Orlans (1991), brings our attention to trying to measure the 'softer' areas and Rogers and Carkuff's previous work combined with elements suggested by Gelso and Carter (1994) and others may be a useful starting point for this.

The previous section indicated that paper qualification gives no guarantee of counsellor effectiveness and the current section draws the reader's attention to the need to mitigate against the diminishing effects of training over time. One crucial area of research that seems worthy of further effort, then, relates to the monitoring and development of counsellors following training. If counsellors are not adequately trained, monitored and developed, there are potential dangers not only to the client but also to the client's organisation and to the counsellors themselves.



## **How do Counsellors Develop?**

Given the confidential, highly personal nature of the work and the fact that counsellors work usually in a one-one situation, it is not surprising that the 'voyeur' is resented. However, to observe development necessitates some form of voyeuristic behaviour on the part of the researcher. The author's own experience as a trainer and manager of counsellors led to the view, worthy of further investigation but sadly beyond the scope of the current research, that counsellors, even highly skilled ones, seem to be very sensitive to any sort of evaluation of their skills. Whilst sensitivity is not uncommon in all walks of life, the degree of this seemed excessive. This may be due, in part, to the day to day work where they are unaccustomed to outside evaluation and, in part, due to the personal qualities which leads them to this type of work. Skovholt and Ronnestad (1995) conducted a qualitative study on professional development of counsellors and therapists and state that an:

“... Awareness of and insight in one's own experiences are prerequisites for being able to empathically connect to what the client is communicating. To have experienced pain gives depth to the therapist/counselor's understanding of clients' suffering. This is consistent with the perspective of the 'wounded healer'. Repeatedly our informants told us about the positive impact of painful experiences...” (p.128)

Thus, it may be that personality variables related to the 'wounded healer' (such as self esteem or locus of control), may account for some of the reticence to be observed or evaluated. Skovholt and Ronnestad (1993) discuss the fact that their own research indicates high levels of anxiety in beginning counsellors. They conclude that anxiety levels decrease with experience but note the fact that those in early practicum do not report anxiety - only more senior practitioners admit to being anxious whilst they were in training. They offer the reasoning that since counsellors would tend to be skilled interpersonally they may be able to conceal their anxiety. Unfortunately, this conclusion is restricted to the self-reports of the beginning counsellors and appears to be overlooked as a possibility in the more experienced professionals. We may conclude that either anxiety has, indeed, been overcome or, unlike Skovholt and Ronnestad (Ibid.), that it still exists but is effectively concealed. Perhaps the cognitive dissonance (Festinger (1957)) created is the vehicle for continuous professional development and lack of anxiety may indicate stagnation or that fewer new experiences arise which generate dissonance in the more experienced professionals.

The literature search revealed no systematic research on the development of counsellors conducted in the UK. What research does exist is primarily concerned with counsellor supervision and training and the majority of this work has been conducted in the USA. Few references were found on counsellor development in the organisational setting and it is notable that the bulk of the published work in the area was based on students in the early stages of their careers. Skovholt and Ronnestad's work (cited above) is a notable exception in that their collaboration took data from the USA but studied counsellors throughout the career-life cycle.



This dearth of research may be because of the difficulties in defining 'development' and it may, therefore, be useful to consider the term 'development' more thoroughly. Much of the published work in this field adopts staged developmental approaches that may owe their existence to the stage theories of Freud and Piaget amongst others.

None of these conceptual frameworks are rigorously testable, although Piaget et al. (1958) (and later Kohlberg (1968)) produced tests which are replicable by others. Nonetheless, neither set of tests is likely to threaten the validity of the larger model. Piaget's approach was largely concerned with the more formal aspects of cognition and he consequently largely ignored the affective. Therefore, a purist adoption of his approach in an area where the 'daily bread' is affective may prove problematic. Whilst it may be simplistic to compare the theorists in counselling development with the writings of Freud and Piaget on children, it is important to understand the underlying image of the child (or novice) from which the theories emerge. It is also worth noting that many of the developmental stage approaches in counselling could be applied to general development rather than specifically to counselling. Elkind (1971) discusses some of Piaget's experiments and concludes:

“... The image of the child suggested by these discoveries is that of a person who, relative to adults, is a cognitive alien. That is to say, the child, like the person from a foreign country, thinks differently and, figuratively at any rate, speaks a different language. It is useful to contrast this image of the child with that promulgated by Freud. For Freud the child was an emotional alien...”  
(p.83)

Therefore, the underlying image of the novice in counselling may well be different depending upon the roots of the developmental theory concerned. For those from a Piagetian standpoint, the novice may lack the cognitive schema necessary to perform the role. For those with psychoanalytic leanings, the novice may be required to 'heal himself' before (s)he is allowed to practice upon others. These differences in the conception of development may go some way to explaining why the focus of training for counsellors varies. Piagetian approaches are likely to emphasise learning from peers, through assimilation and accommodation<sup>1</sup>, whereas Freudian approaches are likely to encourage imitation of experts, often through undergoing therapy oneself.

In practice much of the work discussed below seems to be more eclectic in stance rather than purist but it is certainly worth the researcher keeping in mind that what is concentrated on will, to some extent, be a result of what one expects to find. Thus, if one expects to find a staged development pattern, then one will be likely to identify aspects which justify this. If one takes the view that the 'physician must heal himself' before practising then the evidence found is likely to justify such a view.

In considering the term 'development' there is a danger that it becomes accepted as having a shared meaning without due regard to operationalisation. Do we mean to

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<sup>1</sup> Assimilation refers to integrating information into existing cognitive structures whereas accommodation refers to altering cognitive structures to allow the incorporation of discrepant information.



move toward maturity, to develop a personal style as therapist or to grow as a professional? Each of these questions pose further definitional issues which are unlikely to gain consensus even within a particular theoretical orientation.

The developmental process in the novice is, perhaps, a little easier to grasp than attempting to look at the whole life or career. Ivey (1988) (quoted in Hayes(1990)) identified 'levels of mastery' which might be used in structuring training. These move from being able to identify a skill, through use of the skill to teaching of it. Hayes (1990) made an attempt to specify some of the skills involved:

“.... Responding with empathy, respect, genuineness and warmth through the active listening and attending skills of paraphrasing, reflecting feelings, clarifying and summarizing... encouraging increased client self-exploration by communicating concreteness, immediacy, and confrontation through counselor self-disclosure, the probing and focusing skills of questioning and giving directives, and challenging by giving feedback and being confrontive... helping to move the client to problem resolution by developing appropriate action plans through brainstorming, decision making, and formulating action plans...” (p.233)

Although there are many models used in counselling, one of the most commonly used is that proposed by Egan (1975 and revised to 5th Edition 1994), which takes an eclectic stance, drawing on many theories from Freudian psychology, through Gestalt, Behaviourism and a host of others. Egan's central approach is rooted in humanistic psychology but adopts a problem management approach. It owes a great deal to the work of people like Rogers (1951, 1957, 1961) and Carkhuff (1971). The skills outlined above by Hayes (Ibid.) form the core focus (for skills development) in the Egan model and have been used widely in initial training programmes in the UK.(e.g. CSCT, AEB) This is probably because its eclectic approach enables the trainer to bring in other models. For example, those from a psychodynamic perspective such as Transactional Analysis or Heron's (1990) six-category intervention model, can be accommodated without necessarily presenting them as contrasting approaches. Egan clearly makes the point that his model merely forms a part of required training and offers a sample curriculum for 'training professional helpers' (Egan (1994) pp.15-16). This encompasses a group of issues ranging from social psychology and applied personality theory to abnormal psychology but little detail is provided. Although he makes clear that in order to:

“...‘deliver the goods’ to our clients... a practical curriculum...” (p.15)

is required, he is rather vague in describing what he sees as the applied components:

“...The curriculum includes both working knowledge and skills. ‘Working knowledge’ is the translation of theory and research into the kind of applied understandings that enable helpers to work with clients. ‘Skills’ refer to the actual ability to deliver services...” (p.15)



Thus, although it might seem easier to specify the required attainment for the novice to progress, many of the terms involved are not easily operationalised. There has been a great deal of work since Rogers' (1957) early attempts to define 'the necessary and sufficient conditions' for therapeutic improvement. Lambert (1982) (pp.26-53) summarised this and called for further research in the area. However, it is important to note that he proposed that only 25% of the effectiveness of client outcome might be due to the therapist and as little as 15% to therapist relationship issues. (p.29)

So, although the Rogerian core conditions may be necessary, it would appear that they are not sufficient. Interpersonal skills often form the basis of initial training and even with a model such as Egan's (cited above) the helper is clearly not going to become fully developed as a professional by attending to them alone. There is, however, broad acceptance that aspects of the relationship are important (see Lambert (1982), Horvath & Greenberg (1995) and Bordin (1995)) even though they may not be *as important* as Rogers originally believed.

Theories examining development of counsellors in more general terms abound. Flemming (1953) cited in Skovholt and Ronnestad (1995), characterised the methods of learning for therapists at different experience levels. Skovholt and Ronnestad (1995) argue that had she explicitly used stage or phase terms, her work:

“...would probably be regarded as the classic model for the counselling psychology field...” (p.7)

In her model the novice is initially seen as imitating the supervisor, who is cast as a supporter/expert. This leads to a stage of corrective learning and ultimately to creative learning with the supervisor cast in roles of 'corrector' and 'facilitator', respectively. The individual's confidence is seen as increasing through the stages and the level of support seen as decreasing. Whilst this might appear simplistic, it seems to have laid the framework for much later work.

Hogan (1964), proposed four levels of development and corresponding supervisory interventions during each one. During 'Level 1', the counsellor is seen as insecure, dependent, showing little insight into her own motivation for becoming a counsellor but highly motivated to work. Hogan proposed that such counsellors often rely on one theoretical method (that taught in training) and that they learn through imitation. The supervisory interventions recommended included:

“... tuition, interpretation, support, awareness-training and exemplification....”  
(p.139)

During 'Level 2', he believed that the counsellor may be over confident or, alternatively, overwhelmed and that motivation was likely to fluctuate wildly. (p.140) At this point he saw the supervisors' role as supportive, clarifying the individual's ambivalence and setting an example during the supervisory process. The tuition aspects are still present but diminished.



**'Level 3' is said to bring heightened self-confidence and more insight into the drivers for becoming a counsellor. Motivation is seen as more stable at this level and the supervisor is still seen as an exemplar but with the additional task of confronting the supervisee.**

**The final level, 'Level 4', sees personal autonomy, security and a recognised need to confront one's own personal/professional issues. By this time, the counsellor's own motivation is subject to much greater insight and is stable. The supervisory relationship is one of mutuality and confrontation. (p.141)**

**Skovholt and Ronnestad (1995) (p.114) have criticised this model on the grounds that it should also have a fifth level - that of 'master practitioner' - They argue that what they term 'incomplete models' (like Hogan's) do not do justice to the changes which they believe occur post qualification and after initial placement. Whilst there is probably some truth in this, the majority of the stage model theories were developed through the study of students in their early careers and consequently there would be little evidence to justify a fifth stage. However, Hogan's focus on the supervisory relationship is useful and it also paved the way for others to develop the area further. Hogan fails to provide adequate references in his article to his influences but his comments that the:**

**"... levels are not discreet and mutually exclusive... (but) ... intermingle in any developing therapist, and .... the level 1 to level 4 cycle may repeat many times..." (Hogan (1964) p.139)**

**are interesting in that he seems to propose a cyclical process, which is in contrast to the approach of Skovholt and Ronnestad (Ibid.) and many others, who seem to see it as linear.**

**In 'A developmental framework for counseling supervision', Littrell, Lee-Borden and Lorenz (1979) propose a four stage approach to the supervision of counsellors as they develop. They give the four stages and the tasks for the counsellor in each as:**

**".... (a) counseling/therapeutic, which focuses on understanding and overcoming personal and emotional concerns that prevent effective counseling; (b) teaching, which emphasizes the conceptualization and implementation of effective treatment plans to meet clients' concerns; (c) consulting, which stresses meeting with a supervisor as a colleague about issues related to helping clients; and (d) self-supervising, which concentrates on incorporating the attitudes, skills and knowledge of the previous models as self-supervisor..." (pp.129-130)**

**Although this proposal drew on previous research rather than studying individual differences, it is interesting because it raised a number of questions, which have yet to be answered in sufficient depth, relating to the transition between stages. In order for a developmental framework to be really useful, it should help us to answer questions**



such as how the individual might progress through the stages and how the educator might best facilitate this movement.

Hill, Charles & Reed (1981) focused on counselling doctoral student development, rather than on the supervisory relationship. Their emphasis was on identifying the changes that occur during the graduate programme. They proposed that the student began by being sympathetic to the client, before moving through a search for a method which would help in understanding clients at the same time as attempting to master the skills, albeit somewhat mechanically. With the learning of new approaches and theories, they propose that a breakdown in the use of one method occurs and that, ultimately, the counsellor combines technique and theory into what becomes a consistent personal style. (p.434-435) Like Hogan (1964), they propose that:

“... It is likely that students go forward and backward through the stages, depending on personal issues and type of clients encountered. Thus the stages are probably not an invariant sequence of mastery, but a continuum of relative growth...” (Hill, Charles and Reed (1981), p.435)

Their research was based on following 12 students through a three-year training programme and only 2 client sessions per year were analysed. Additionally, interviews with the students took place. The ‘clients’ in this study were drawn from the undergraduates at the research site and so may not be representative of ‘real’ clients.

Clearly, such a small sample does not lend itself to generalisability. The analysis of transcripts of sessions appears to have been detailed but the sessions were only 10-15 minutes long and, therefore, hardly representative of the normal 50 minute counselling session. Interestingly, the study failed to find evidence of decreasing verbal anxiety as counsellors developed but anxiety was reported by the counsellors themselves in the interviews. The main changes noticed were a decrease in the use of questions and an increase in the use of ‘minimal encouragers’ (p.433). This is in-line with the expectations of the training literature of Ivey (1982) and Egan (1975) but because of the nature of the clients, the duration of the observed sessions and the small sample size, it must be viewed cautiously.

Stoltenberg (1981), proposed a four stage developmental model building on Hogan’s (1964) and for each level offered counsellor characteristics and suggested appropriate aspects of the supervision environment. Perhaps its main contribution was the more detailed delineation of appropriate supervisory skills in promoting counsellor development. Stoltenberg believed that:

“... The speed with which a trainee progresses through these stages is largely dependent on the skills and attributes of the trainee and the environments provided through supervision...” (p.63)

In attempting to specify the necessary supervisory attributes, Stoltenberg cited two interrelated aspects; discrimination and creating environments. By discrimination, he



meant the supervisor's ability, for example, to discriminate between counselling and supervision, trainee autonomy and studentship, trainee needs and strengths and between trainees. His discussion of the differences between individual trainees (in what he terms 'accessibility characteristics') is useful in determining appropriate interventions for the supervisor. He offers the following as included in the accessibility characteristics of trainees:

"... (a) the cognitive orientation, which is the conceptual level at which the trainee is functioning; (b) the motivational orientation, which would determine the appropriate type of feedback and rewards for a given trainee (e.g. 'inner-directed types may prefer self-defined feedback while other-directed persons may prefer supervisor-defined feedback); (c) the value orientation of the trainee, which would affect the types of objectives for training that the trainee would support; and (d) the sensory orientation, which would take into account whether the trainee learns best by seeing the counseling process displayed in different modes or by hearing the supervisor explain the process...." (p.64)

Thus, he proposed that both individual differences and developmental level are important in determining appropriate facilitative behaviour on the part of the supervisor.

Yogev (1982) provided a detailed account of her experience as a supervisee and supervisor of beginning psychotherapy students. Although this was based on her own experience rather than rigorous research, it provides a set of initial tasks and alternative foci of supervision which split the stages in early professional development into three: role definition, skill acquisition and practice solidification / evaluation. (p.236) There is an acknowledgement that, particularly in the later stages of development, issues such as the client needs, the theoretical orientation of supervisor and supervisee and the nature of the problem all influence the (lack of) homogeneity in development. However, Yogev argues that by applying the same principles the supervisor can facilitate the counsellor's development:

"... Before each new, important, difficult, and critical stage or issue (e.g. termination), the supervisor prepares the trainees to become more competent in dealing with the specific critical issues of the client by combining emotional-experiential, self-understanding acquisition of cognitive-didactic knowledge with acquisition of specific skills that were practised and mastered..." (p.243)

Whilst the division between three areas of mastery (self awareness, skill acquisition and knowledge) is useful, the restriction of the piece to the very early stage of training means that it fails to adequately account for development later in the counsellor's career. Yogev does provide some questions which supervisors should address (p.239) but does not really develop these beyond the philosophical.



Stenack and Dye (1982) set out to determine if a clear distinction existed between the supervisor roles of 'teacher', 'counsellor' and 'consultant' (p.295). These roles can be roughly equated with those developed by Yogev (1982), with self awareness being the goal of the counsellor, skill acquisition being the goal of the consultant and knowledge being the goal of the teacher. In a small study based at one campus they attempted to generate lists of behaviours falling into the three categories. They found considerable overlap in the categories and although the distinction between 'counsellor' and 'teacher' was clearer than that between 'consultant' and 'teacher', they concluded that:

“... The results suggested that roles cannot be clearly defined in terms of specific behaviors alone. Other descriptive elements include supervisor goals, control, and focus of the interaction. That is, while two supervisors may state that they implement the same specific behaviors, they may achieve different effects as a consequence of their focus, goals and the amount of control they maintain in the supervision session. Future research projects should include modification of the list of practicum supervisor behaviors to better measure these other dynamics...” (p.303)

So, although the study set out to examine the boundaries between the roles, it (predictably) showed that the distinctions are not clear. Because of the small sample size (N=36) used to classify supervisory behaviours into the three categories, the fact that it was based at one site and, more importantly, because the researchers set out to classify behaviours into the three categories rather than to generate categories from the behaviours, the study should be treated with caution. Nonetheless, the study more clearly describes three roles commonly discussed in the supervision literature and, as such, it is useful in describing the supervision process, even if it lends little to the development debate.

Loganbill, Hardy and Delworth (1982) investigated the stages of supervisee development. They see counsellors as cycling and recycling through their stages at increasingly deeper levels. The stages are summarised below:

<b><i>Stagnation</i></b>	Not aware of one's own deficiency in professional functioning Not aware of the issues of supervision Not aware of own stagnation or 'stuckness' Limited view of world/all or nothing thinking May have low self-concept or believe self to be functioning well and have no need of supervision.
<b><i>Confusion</i></b>	Instability, disorganisation, conflict, confusion Attitudes unfreeze on emotions and behaviours Realisation that something is wrong and fluctuation between feelings of expertise and failure can occur. Attitudes towards supervisor change from positive dependency to disappointment and anger.



**Integration**      Reorganisation, new cognitive understanding, flexibility, personal security based on awareness of insecurity and ongoing continuous monitoring of important issues of supervision. Supervisee sees supervisor more realistically and owns responsibility for content and process of supervision.

Such a model has implications for how the supervisor is cast. Clearly in the first phase, he or she needs to bring a number of issues to the supervisee's attention. This casts her or him into the role of teacher, supporter or even parent. The differential in power throughout the model seems to have more to do with a parent or teacher-child relationship and the model seems to follow the pattern of child-adolescent-adult in its process. There are similarities in this approach with that of Hogan (1964), Hill et al. (1981) and, from a child development perspective, Erikson (1977) (p.244-247) and the second stage, in particular, seems to indicate the operation of cognitive dissonance. In the second stage, the supervisor's role would seem to be primarily supportive and facilitative and more akin to that of a colleague in the third.

We might conclude, therefore, that different supervisory interventions are required in each stage. There seems to be scope for the supervisor to use catalytic, informative or confronting interventions in the first stage, cathartic and supportive interventions in the second stage and supportive or confrontative interventions in the third stage. However, it is hard to see the stages as separate since something must occur in stage three to encourage movement (back) to and, ultimately, out of the stage of stagnation. We might consider an individual to be simultaneously in all three stages over different issues. Loganbill et al. provide a list of some of the issues that they believe need to be worked through<sup>6</sup>, and their conception of development is one of the most flexible theories so far considered, even if it lacks some clarity in the movement between stages.

Blocher (1983) criticised models with categories like 'teacher' as he believed they have limited value when goals need clarification. He believed the focus should be on:

‘...the acquisition of new more complex and more comprehensive schemas for understanding human interaction ...’ (p.29.)

This implies that his roots lie in the cognitive developmental and learning approaches identified earlier in the discussion of Piaget. He indicates the need for trust and respect in the supervisory relationship and argued that explicit objectives were required. In the early stages of development he suggested that the effort should be devoted to interview skills, relationship issues, confidence and authenticity amongst others. Later, he argued that the emphasis should broaden to cover process goals, case management and the clarification of professional roles. Blocher would probably accept that he proposed a model consisting of a large number of stages, rather than

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<sup>6</sup> Competence, emotional awareness, autonomy, theoretical identity, respect for individual differences, purpose and direction, personal motivation and professional ethics. Issues are thought to be resolved independently of each other.



two broad themes, since he called for continual contracting on agreed and explicit goals between the supervisor and supervisee. His call, in effect, for specificity is useful since there is little value in having a model of development in counselling unless it can aid the process.

If Blocher's roots lie in the Piagetian tradition, then Grater (1985) provides a psychoanalytic contrast. Grater also proposed four stages of development from the novice upwards, but argued that these should be defined:

“... in terms of the changing and increasingly complex focus of the supervisory sessions... The proposed stages are based on the conclusions... that progress in psychotherapy results from an interaction between the client, the presenting problem, the therapy techniques being used, and personal interactions of the therapist. How to use these four factors and their interactions to promote therapeutic progress are the goals of supervision...” (p.605)

That Grater also recognised the need to draw up a developmental model that was more specific to therapy than most of his predecessors is to be applauded. The stages offered are shown below:

**Stage 1 “*Developing basic skills and adopting the therapist’s role*” (p.605)**

Replacement of social patterns of interaction with therapeutic responses. Learning about nuances of client statements and developing natural responses to clients. The supervisor should ‘...provide information and support during this period...’ (p.606) to help the supervisee to overcome ‘...fears of failure, concerns with the supervisor’s evaluation, and lack of an image of themselves as therapists...’ (p.606)

**Stage 2 “*Expanding the range of therapy skills and roles to match the client’s problems and role expectations*” (p.605)**

Learning to become more flexible in the therapist role and also to assess client in terms of using appropriate interventions. (p.607)

**Stage 3 “*Developing the trainee’s ability to assess the client’s habitual and conflicting behavior patterns, particularly how these patterns are repeated in the therapy sessions, and select effective intervention methods*” (p.605)**

Recognising these patterns and learning to respond in a way that produces growth not merely a mirror of the client’s problem in the therapy session. Learning to assess ‘... the interactions between client, the problem, and the techniques...’ (p.608)

**Stage 4 “*Helping the trainee learn to use the self in assessment and intervention*” (p.605)**

Learning to use one’s own experience and feelings about the client and the client’s needs in the therapy session as a powerful means to understanding the client’s experience outside therapy and as a means of facilitating



development in the client. Also learning to use what Egan (1975) has called 'helper self-sharing'.

Grater's stages give an interesting view of therapist development but as a linear model, are rather restricted to early development in the therapist's career. Grater argues that even if an individual has passed through each stage:

"... it should not be assumed that each stage has been fully mastered..."  
(p.609)

However, although we might accept that the therapist learns new techniques throughout her career, and so returns to stage two, it would seem inappropriate to re-enter stage one, since, arguably, these basic developmental tasks were completed earlier. Thus, Grater's model seems to be useful for beginning counsellors or therapists but appears to have limited utility for those later in their careers as it stands.

Friedman & Kaslow (1986) provide a detailed six-stage model of development, which is seen from the psychodynamic viewpoint. The stages (excitement & anticipatory anxiety, dependency & identification, activity & continued dependency, exuberance & taking charge, identity & independence and calm & collegiality (pp32-33)) take the trainee from the first training stage to the point where they become supervisors themselves. The first two phases are commonly seen as one by other theorists but the overall approach has the counsellor's identity formation as its central theme. During the process dependence on the supervisor lessens and confidence grows.

Hess (1987) attempted to pull together the major stage theories into what he described as:

"... four psychologically meaningful eras... [through which the]  
...professional can recycle, in an ascending spiral fashion..." (p.251)

These are as follows:

- 1. Inception** - Role induction, demystification of therapy, skill definition and boundary setting. The realisation that one is responsible for a real client.
- 2. Skill development** - Increasing ability to adapt skills being developed to the client's particular needs. The supervisee is "... beginning to identify with a system of therapy and a philosophy of human nature..." (p.252)
- 3. Consolidation** - Skills are refined and the therapist is recognised by others for particular skills and talents.
- 4. Mutuality** - Peer consultation. Able to create solutions to problems. Burnout/stagnation are potential concerns at this stage and Hess



believed that peer consultation was one possible resource used to guard against this. (p.252)

Hess (Ibid.) also provides a three stage model of supervisor development, starting with the crisis of the life-change from supervisee to supervisor ('Beginning'), moving through a period of emerging ability to recognise better and worse supervision sessions and being able to modify the impact on the supervisee for the better ('Exploration') and ultimately to a period characterised by excitement for learning which puts academic or licensure issues into second place. ('Confirmation of the supervisor's identity')

Hess believes that:

"... These heuristic models are helpful but insufficient for a theory of supervision. A conceptualization of the process by which development...[occurs]... through the stages is lacking..." (p.258)

Hess (p.251) questions the adoption of theories of psychotherapy in order to elucidate the dynamics of supervision and yet it is easy to see general development fitting into his model for counsellor development with only minor modification. As it is a consolidation of previous work, perhaps this is not surprising but it is a pity that after criticising the transferability of such theories, he seems to 're-invent the wheel'.

Other writers during the 1980's produced papers on theories of development and supervision, (Worthington (1987) provides a useful review of the literature), although many of these were variations on the themes of earlier work. Stoltenberg and Delworth (1987), however, offered a new model, the Integrated Development Model (IDM), also building on earlier work, but one which focused more clearly on some of the specific changes which the individual needs to address in the development process.

This model is useful since it attempts to overcome some of the problems inherent in the notion of re-cycling or spiralling back through earlier stages proposed by Loganbill et al. (1982) and Hess (1986). Whilst the idea of recycling through stages has some appeal, it is not in-line with many developmental theories outside of counselling which tend to see developmental progress as permanent rather than oscillating back and forth between stages.

Stoltenberg and Delworth's (Ibid.) model proposes changes in self-other awareness, motivation and dependency-autonomy whilst the individual moves through four stages of development and accomplishes work in eight developmental domains<sup>7</sup>. Thus the model can be seen as a refinement of earlier work. (particularly Loganbill et al. (1982) and Stoltenberg (1981))

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<sup>7</sup> Intervention skill competence, assessment, interpersonal assessment, client conceptualisation, individual differences, theoretical orientation, treatment goals and plans, and professional ethics.



At the first developmental level, counsellors are seen as anxious, supervisor-dependent, high in motivation but lacking in understanding of the role's complexity. In the second stage, motivation fluctuates as does dependence on the supervisor and it is proposed that the trainee shifts in focus from self to client experience. The fluctuations in motivation and dependence-autonomy are said to cause confusion or emotional turmoil. The level three trainee becomes more confident, autonomous and regains a consistent high level of motivation based on a clearer understanding of the strengths and weaknesses of both the self and the counselling model. The ability to be self-reflective and to incorporate their own emotional and cognitive responses to the client in their interventions is seen as occurring in Level three. The fourth level (termed 'level 3 integrated') is the final developmental stage. Development is thought to occur sequentially but at different rates depending on the individual's characteristics and experiences and the fourth level is, as its title suggests, a period of integration of level three concepts.

McNeill, Stoltenberg and Romans (1992) attempted to test out the IDM model by comparing scores of different experience groups on the supervisee levels questionnaire-revised instrument that they developed for the study. Their sample was drawn from doctoral students across the USA, rather than at a limited number of sites and so had, as far as the USA is concerned, the potential to be more generalisable than studies at one site. Although using students, the experience variable was developed by a combination of factors rather than current practicum status and so it had potential to take into account factors other than simply course experience.

Counselling experience, supervision experience and graduate education were assessed by length of time, although semesters are used for the first two and years for the third. So it is not clear if semesters are equivalent to six months or some other figure. Whilst this may be a small point, it could be argued that factors totally outside training or professional experience (such as general life experience) may be very important in development and so, in formulating an experience measure, account should perhaps be taken of chronological age, developmental crises such as births, marriages and deaths, and so on.

McNeill et al. (Ibid) summed the three experience factors after assigning a value for each experience level and then divided the groups to yield three experience level cohorts which were in line with the three broad experience groups specified in the original model. This not only assumes that the three factors they isolated for experience are equivalent since they were not weighted but is also arbitrary since the division between beginning, intermediate and advanced students was based on the totalled values of experience with the derived groups of experience level of 1-4, 5-7 and over 7. This may have had as much to do with ensuring adequate sample sizes in each group as accurately accounting for experience. It is also somewhat circular reasoning as the experience groups were based on the proposed model rather than being truly independent.



The resulting 'beginning trainees' group had between one and two years of graduate education and one semester of counselling/supervision. The 'intermediate' group had between two and four semesters of counselling/supervision and three years of graduate experience and the 'advanced' group, five or more semesters and four or more years of graduate education. It is not clear as to how many real clients the trainees had experienced and this also may have a significant impact on experience.

Details of the questionnaire are not presented in the paper but some examples of the 12 items from the 'self-other awareness' sub-scale create cause for concern about the operationalisation of the sub-scale constructs:

*"...e.g., I feel genuinely relaxed and comfortable in my sessions, I am able to adequately assess my interpersonal impact on clients and use that knowledge therapeutically..." (p.506)*

It is possible that this subscale is actually measuring trainee anxiety rather than self-other awareness.

Similarly, examples from the motivation sub-scale:

*"...e.g., Sometimes the client's situation seems so hopeless, I just don't know what to do, Sometimes I question how suited I am to be a counsellor / therapist..." (p.506)*

and items from the dependence-autonomy subscale:

*"... At times I wish my supervisor could be in the counseling/therapy session to lend a hand, It is important that my supervisor allow me to make my own mistakes..." (p.506)*

also lead one to conclude that what may be being measured are aspects of trainee anxiety. The authors admit that there are significant correlations between the subscales but argue that:

*"... they are not so high as to suggest that the three subscales are measuring the same attribute..." (p.506)*

With correlations in the order of 0.53 and 0.58, significant at  $p = 0.001$ , and the notorious difficulties associated with attitude measurement generally, this claim is hard to accept.

The study concluded that the measure could discriminate clearly between intermediate and advanced students and between beginning and advanced students but not between beginning and intermediate students. However, examination of the range of the scores obtained only indicates that the high-end scores on each scale discriminate between the groups. The low scores are either clustered quite closely or show a lower score for the intermediate group than the beginners.



McNeill et al. claim that this study can be seen as:

“... providing construct validity for the SLQ-R, [they] also interpreted the ... findings as preliminary support for Stoltenberg and Delworth’s IDM...”  
(p.507)

However, given the methodological issues raised above, it is questionable whether construct validity can be reasonably claimed and therefore of doubtful support for the model mentioned.

In 1994, Stoltenberg et al. produced a paper which reviewed the research since Worthington’s (1987). In this, Stoltenberg et al. argue that:

“... Only 2 of the 12 studies found no effect for experience, and one of these (Borders et al., 1986) used a rather restricted range of trainee experience...”  
(p. 419)

Two of the studies supposedly supporting this claim led to a third (McNeill et al. 1992) discussed above and none of the studies used longitudinal designs.

Indeed, even if we ignore such issues, the majority of studies reviewed by Worthington (1987) and Stoltenberg (1994) relied on self or supervisor reporting measures rather than actual counsellor behaviour. This is not to say that a study should be without threats to its validity but it does seem that in the limited amount of research (rather than theorising) that has been completed, the move to test out theory has not been accompanied by scientific rigour.

One further study deserves mention. Skovolt and Ronnestad (1995) completed a careful qualitative study of development throughout the entire career cycle. The data were collected over a five year period (1986-90) and their methods, trade-offs<sup>8</sup>, questionnaires and even some interview transcripts are provided which allow the reader critical access to the study.

The authors present their model tentatively, recognising that individual differences render any map to be a simplification of reality and suggest that it is:

“... a series of hypotheses to be thoroughly examined and proved or disproved by other qualitative studies and by more precise, controlled quantitative studies...” (pp.13-14)

They propose eight developmental stages spanning the professional life of the counsellor or therapist. For each stage they have defined the time scales, central tasks, emotional state, sources of influence, working style, conceptual ideas, learning

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<sup>8</sup> Skovholt & Ronnestad (1995) recognise the benefit of longitudinal studies (p.150) and although they used a modified cross-sectional design, they did re-interview 60 % of individuals after a two year period.



process and the way that the individual defines their effectiveness and satisfaction in the role. (These are summarised below in Figure1, pages 38-39)

The approach has an intuitive appeal since it takes into account some of the personal experience derived development which was referred to above. It is in contrast to many of the other models considered in that it begins with the non-professional or untrained state and assumes that development is a professional-life-long process. It does however accord with many of the concepts mentioned in the other approaches.

For example, the underlying emotional state of the untrained individual is similar to the initial phase described by Hill, Charles and Reed (1981). Anxiety, and the move to integration is a feature of Hill et al. (Ibid) as well as Loganbill et al. (1982) and others.

Skovholt and Ronnestad (1995) also provide 20 'themes' (pp.100-123) which they believe:

“... suggest that development involves a movement from reliance on external authority to reliance on internal authority and that this process occurs through the individual's interaction with multiple sources of influence... Although development during graduate school has been most extensively studied, the most powerful sources of influence occur with equal or greater power long after formal training is complete. In fact, it may be that a central element which distinguishes development from stagnation or impairment is the presence or absence of the practitioner's own ongoing internalized developmental process...” (p.123)

In their final chapter, Skovholt and Ronnestad (1995) provide a detailed description of what they see as the continual risk of stagnation versus professional development (pp.124-142). They believe that, in order to maintain development, the individual needs to retain a willingness to search for a greater understanding of clients, whilst being aware of the potential complexity. They see the main factors that influence an individual's ability to maintain the required openness and awareness of complexity as:

“... The intensity of motives to choose and stay in the profession.... The dangers of occupational transference... An excessive self-healing focus... One's attitude toward complexity... The ability to tolerate and modulate negative affect... The degree to which there occurs an internalization process... [and] ...The awareness of a developmental metagoal...” (p.140)

Thus, they are proposing that it is necessary to provide continuous professional reflection in order to develop.



Figure 1 (Based on Skovholt & Ronnestad (1995) Table 1 (pp. 14-16))									
STAGE									
	Conventional	Transition to Professional training	Imitation of Experts	Conditional autonomy	Exploration	Integration	Individuation	Integrity	
Definition and time period of stage	Untrained maybe many years	First year of Graduate School	Middle years of Graduate School	Internship 6 months to 2 years	New Graduate 2-5 years	2-5 years	1-10 years	10-30 years	
Central Task	Use what one knows naturally	Assimilate Information from many sources and apply it in practice	Maintain openness at meta level while imitating experts at the practical level	Function as a professional	Explore beyond the known	Developing authenticity.	Deeper authenticity	Being oneself totally and preparing for retirement.	
Predominant affect	Sympathy	Enthusiasm and insecurity	Bewilderment then calm and temporary security	Variable confidence	Confidence and anxiety	Satisfaction and hope	Satisfaction and distress	Acceptance	
Predominant Sources of Influence	Own personal life	Many interacting old and new sources lead to a sense of being overwhelmed	Multiple: supervisors, clients, theory, research, peers personal life, social-cultural environment	Multiple: supervisors clients, theory, research, peers personal life social-cultural environment	New work setting, self now as professional multiple other sources	Self as professional elder multiple other sources	Experience based generalisation & accumulated wisdom. Early sources internalised	Experience based generalisation etc. are primary. Early sources internalised.	



	Conventional	Transition to Professional training	Imitation of Experts	Conditional autonomy	Exploration	Integration	Individuation	Integrity
Role and working style	Sympathetic friend	Uncertain and shifting while trying to fit theory with practice	Uncertain until a rigid mastery of basics is developed	Increased rigidity in role and style	Modifying externally imposed professional style	Mix of externally imposed rigidity and internally imposed looser mode	Increasingly oneself within competent professional boundaries	Being oneself
Conceptual ideas	Common sense	Urgency in learning conceptual ideas and techniques	Intense searching for conceptual ideas and techniques	Refined mastery of conceptual ideas and techniques	Personal rejection of some earlier mastered conceptual ideas	An emerging personally selected synergistic and eclectic form	Individualised and personalised	Highly individually chosen and integrated
Learning process	Experiential	Cognitive processing and introspection	Imitation introspection and cognitive processing	Continual imitation with alterations, introspection, cognition processing	Reflection	Personally chosen methods	Personally chosen methods	Personally chosen methods
Measures of effectiveness and satisfaction	Usually assumed, not of concern generally	Visible client improvement and supervisor reaction	Client feedback and supervisor reaction	More complex view of client feedback and supervisor reaction	Increasingly realistic and internalised criteria	Increasingly realistic and internalised criteria	Realistic and internal	Profoundly internal and realistic



So, the developmental research is, overall, complex and probably at a relatively early stage since few studies have set about proving the existence of theories and with several of the studies cited here there seem to be a number of significant methodological problems which render the attempts to justify theory questionable.

In considering what constitutes the pinnacle of development, it becomes necessary to consider the starting point. This must ultimately relate to initial selection for training and (where selection is applied at all) this commonly relates to assessing combinations of empathic ability, warmth, life experience and aspects of intellectual ability. (The author has selected individuals for employment as welfare officers, counsellors and for training courses at diploma level) This combination of pre-requirements indicates a serious problem which needs to be accounted for in examining development. If individuals start at different points, then, according to Piagetian theory at any rate, they will need qualitatively different treatment in order to develop. Only part of this is under the trainer's control.

The 'wounded healer' concept implies that in order to be effective the counsellor must have undergone some form of personal trauma. The environment in which one exists may well influence personal development which in turn may generate professional development. Simply the effect of experiencing life events such as births, marriages and deaths is likely to be influential in allowing the counsellor to empathise with their clients. The experiences with ever-increasing numbers of clients, other counsellors and ultimately one's own supervisees can all lead to increasing knowledge and increased skill levels. And with increasing skills, it may be that one's environment is affected through the sort of reciprocity discussed by the likes of Bandura (1977). If anxiety levels do decrease with experience, this too could contribute through the increased risk taking behaviour demonstrated by willingness to experiment with new techniques.

The last two points indicate that rather than attempting to conceive development as simple linear process occurring during the early training period, it may be useful to view it as continuous. Whilst this does not constitute an operationalisation, 'continuous movement forward' avoids the notion that at some point in professional development one can 'arrive' - a better analogy is probably one of a journey with no definite end but with increased clarity to an (essentially) unachievable but better defined, and probably moveable destination. The theory proposed by Skovholt and Ronnestad probably provides 'best-fit' of all the models considered above.

A key issue, then is that of continuous professional development and of finding some means of facilitating this process. This is a central process of the current research but before dealing with this it will be useful to provide an overview of the site of the research and some relevant background details.

### **Welfare and Counselling in British Telecommunications**

In 1990, the author was appointed to the Welfare Training Unit in BT which had formerly been the General Post Office Unit. Apart from the efforts of his predecessor, little had changed by way of training for new and established welfare personnel since



the 1970's. The unit's former reputation as a centre of excellence for the training of welfare people, had virtually collapsed after the privatisation of BT in 1984 because a decision was taken to discourage external trainees and to concentrate on 'core' business. With hindsight this decision overlooked the kudos and revenue generated by having external candidates but at the time, the political climate in the company and the particular need to be seen as different from the Post Office meant that managers probably had very little choice on the issue.

Following his appointment, the author began to investigate various training needs analysis theories, with a long term view of redesigning the training provided. (See Davies (1971) for an overview of needs analysis methods) With many organisations starting to provide helplines (E.g. DHSS, which was subsequently withdrawn in 1996), there seemed to be less of a requirement to concentrate on advice and guidance which could be obtained outside the company at no cost to the employee. There was also a need to ensure that where personal counselling was provided it was of the highest standard. Surprisingly, given the previous success of the training unit, there had been no specific training objectives written in the majority of the courses and the course content had been derived from the originator's beliefs as to what was required. This clearly needed to be addressed since, although the courses were not overtly 'pass-fail', it was impossible to state objectively whether an individual had learnt anything and even if they had, whether such learning was relevant, pragmatically.

As a result of another initiative on a new selection process, a person specification was developed and analysis of the attitudinal qualities and behaviour of the counsellors was undertaken. This paved the way for a full training needs analysis, which took place during 1991 and followed the model developed by McGehee and Thayer (1961) and the method of analysis used in the armed forces (Bramley, 1991, p.12). The purpose was to assess which tasks required 'over-training & follow-up reinstatement at intervals', which required 'training to job proficiency level', which should involve 'training in awareness' and which did not require training at all. Whilst most needs analysis systems were developed for tasks with little or no affective component, and probably tasks with less cognitive complexity than those in the counselling area, the more mechanistic aspects of skill use could be delineated and practitioners' views of affective areas were also assessed. Counsellors completed self-administered questionnaires as the first step, on a range of skills extracted from Egan's (1975) 'The Skilled Helper' together with some non-counselling skills which were then part of the welfare role (e.g. probate). Each gave their opinion on five point Likert scales of the difficulty, importance and frequency of each skill.

The decision matrix used to assess the level of training required was adapted from Bramley (1991) and analysed by the author using a customised computer programme in dBase™. For example, 'reflecting feelings' was judged by counsellors to be moderately difficult, very important and very frequently used and resulted in the outcome that this should be trained to job proficiency level with no requirement for refresher training at intervals. In contrast, assisting with financial problems, which was at that time still part of the role, was judged to be very difficult, very important but infrequently used and the training level indicated was 'over-train and reinstate at



intervals'. Thus the areas where training was required, albeit at a somewhat mechanistic level, were delineated. Unfortunately, this proved to be only the tip of the iceberg.

As part of his trainer-training, the author had attended a course covering objective formulation by the likes of Mager (1962). Identifying what Mager called 'terminal behaviour' in the area of counselling seemed almost insurmountable, particularly in an organisation where the chosen counselling approach was eclectic. However, by focusing closely on Egan's (1975) model, revisiting Rogers' (1957) paper and through observing counsellors in practice, a set of competencies were eventually developed, supported by a detailed list of behavioural indices. These were trialled in the training environment and refined through the use of videotapes of training sessions. The result was that it became easier to identify what trainees needed to do (or not do) in order to facilitate improvement. Of course, underlying this initiative were a number of beliefs about what constituted 'development'. The discussion above on developmental stage approaches serves to show that a different researcher with an alternate ontology may well have produced a different set of competencies. However, the humanistic eclecticism which underpinned both the author's beliefs and the philosophy of the training unit helped to ensure that the competencies were not too narrowly focused on Rogerian core qualities nor were they too mechanistic if applied as had been intended.

Whilst the competencies seemed to provide a sort of benchmark, their use was restricted mainly to the training environment, where the luxury of videotaped sessions enabled detailed analysis. In the live environment, occasional audiotaping had been used but much of the non-verbal behaviour was, of course, lost. The majority of sessions were not recorded and live observation of counsellors (with client permission) revealed a gap between what happened in the training environment and what occurred in the field. The sheer operational difficulties of regularly observing counsellors based in geographically distant places meant that there was no easy solution.

The gap between the training and field environments was interesting in that it could have indicated that the training was failing to deliver what was required in the live environment. However, since it appeared that those who had undergone skills training within the previous year also seemed to be able to demonstrate the most competent performance, it was accepted that the observed differences in performance were probably due to the tail-off of training effectiveness over time. (p.20)

As a consequence of this belief, one week annual refresher training for all counsellors was introduced in a range of areas suggested by the earlier needs analysis. Another method employed in order to mitigate against the diminishing effect of training was the introduction of monthly external counselling supervision. Even with these facilities, it was still notable that many counsellors returning on courses were not using some of the basic skills in anything like the quantity or quality required in professional counselling. These same people, however, were able to demonstrate highly professional approaches after very small amounts of retraining and this finding



tended to confirm the observed effect, since it is in line with the previous research mentioned above. (p.20)

So, by 1993/4 the unit had established training objectives, competencies, external supervision and annual refresher training. It had been re-launched as 'BT Employee Counselling' and gone through staff reductions in line with the rest of the company, with the consequence that the trainers also took line management responsibility for groups of counsellors. It lacked a proactive means of feeding back organisational level problems and it was apparent that there was still a requirement to ensure that the standard of counselling was maintained following training. A central issue for the tutors was managing in a way consistent with the counselling philosophy employed.

What was clear from the training environment was that the relationship needed to be a close one for feedback to be welcomed. Establishing such a relationship with the differentials in power in the management situation is not easy for either party but it, rather ironically, seems to require the same personal qualities of the manager as are required in the counsellor. The impact of the organisational setting (pp.9-10) needed to be minimised, at least as far as the counsellor's professional role was concerned and although, at first, this seemed insurmountable in what is, to a large extent, an hierarchical structure, the developmental and the managerial aspects of the managers' jobs provided a convenient split.

During late 1994 and the early part of 1995, the counselling unit was 'market tested'. It became clear that no external provider could replace the business specific elements of the scheme<sup>9</sup> without employing substantial numbers of the company's existing counsellors and consequently the internal bid was, effectively, lower than any of the serious external contenders. That the unit might be outsourced acted as a considerable spur to ensuring that there was a commitment to quality and the environment was ripe to attempt to introduce changes.

This, then, is the location for the present research. It is one with civil service roots and yet, perhaps because of privatisation, one that has brought itself into the 1990's with some speed.

The unit's main role is in providing individual counselling to the 127,000 employees but its 46 counsellors and 5 specialist managers<sup>10</sup> also provide advice and guidance on a range of topics from Probate and debt through to CV design and job search. It also has a small number of counsellors (16) trained to deal with critical incident stress debriefing and post traumatic stress. The counselling approach is short term, problem focused and eclectic with six sessions being the advertised maximum, although counsellors do undertake some longer-term cases. All counsellors are employees of the company and their specialist managers report to a non-specialist senior manager in the personnel function.

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<sup>9</sup> This relates to work such as pensions enquiries, death in service, benevolent fund cases and high level complaints.

<sup>10</sup> As will be seen in chapter 3, the company was still rapidly 'downsizing' during the research and so the numbers of counsellors, managers and company employees fluctuated around these figures during the study.



## **Background to the research**

Before dealing with the study aims and objectives, it may be useful to summarise some of the main points arising in the foregoing pages.

It was stated (pp.9-10) that organisational issues complicate the counselling arrangement and that with an internal scheme there is likely to be a one to two relationship between the client, the organisation and the counsellor. Micholt (1992) described the notion of 'psychological distance' between three parties in relation to training facilitation which is useful when applied to counselling and which was later used by Towler (1996) (See page 10). This factor is central to the research even though it is not one of its main focuses. Any intervention or research has to inevitably balance the researcher's needs with those of the client, organisation and the counsellor, which further complicates the picture, at least as far as ethical issues are concerned. The manager of counsellors is at the interface between them and the organisation and this is an area worthy of further investigation.

The tour through the minefields of evaluation research (pp.12-16) may lead the reader to feel that such an endeavour is so pitted with problems that it is insurmountable. The concern with proving a scheme's worth to the business community seems to have been a repetitive theme and the ethical constraints on access, the use of control groups and the lack of comparability of schemes lead one to wonder how Cooper (1995) managed to stay the course. We are no sooner ready to praise his gallant efforts than we learn that his approach is incompatible with the humanist perspective which holds that every individual is unique.

The use of both client and counsellor responses was applauded in Sloboda et al. (1993) only to find that the positive outcome might have been anticipated because non-respondents were not accounted for - but how, in a counselling environment might we follow up 'drop-outs' without breaching the various codes of ethics that inevitably apply to such research?

Sloboda et al. (1993) do lead us to the suggestion, through a potential failing, that there may be a link with the stage research reported in the later section: Client feedback might be used correctively or developmentally (p.15).

The litigation reported (p.16) highlights the need for some sort of organisational feedback but how to do this ethically?

Orlans (1991) helps us to believe that all is not lost. Maybe the search for tangible 'hard' data is but part of the story and some of the 'softer' areas are worth investigating. Studies into the interpersonal qualities of the counselling relationship during the 1960's and 1970's provide possible variables. (pp.17) The work into relationship variables during the 1990's (pp.18-20) reaffirms the importance of these.

Moving into the area of skills training, we learn that Egan (1975) and others have developed models. Unfortunately, the effect of training is said to tail off over time



and we are asked to consider a method of ensuring the retention of skills in the real world (pp.20-21).

The area of developmental research seems to be no more straightforward. The counsellor may be an anxious wounded healer, driven to development by cognitive dissonance (p.22), an empty vessel to be filled by imitating experts or an adolescent on a journey developing the necessary cognitive schema through interaction with colleagues (p.23-25).

The developmental models presented (p.25-39) have much in common but this is not surprising since very little research has set about testing them. Hogan's (1964) seminal paper stated some themes which have recurred in much of the later work but the general emphasis on student development calls into question both the transferability to a UK culture and the value to an organisational setting.

Skovholt and Ronnestad's (1995) work, although tentative, has greater appeal because it proposes life-long development. This notion is supported by Rogers (1977) whose discussion of his earlier work indicates continual reflection that has led to growth.

The issues within the site of the research highlight the eternal problems of training again: the transfer and retention of skills. They also bring into sharp focus some of the difficulties within an organisational context such as the power relationships between manager and subordinate that seem somehow incompatible with a humanistic stance. (p.33) The issue of market testing, first discussed in the wider context (p.11) raises its head in relation to the site of the research (p.43) and it was suggested that this has facilitated the interventions which are the subject of this study.

So, there seems to be no definitive approach which will guarantee counsellor development. There is no definitive approach for managing a counselling scheme in an organisational context and there is no research which examines the organisational interface in a way which might help to guard against organisational problems. However, despite the problems of evaluation research, there is the possibility of providing some sort of customer feedback by looking at the 'softer' areas. This ought to consist of both client and counsellor perceptions and investigate non-respondents. It should provide some level of organisational feedback mechanism and ensure that counsellors can receive corrective feedback from their clients. This feedback may also be developmental if one accepts that the quality of the relationship is a necessary condition for therapeutic improvement and one compares client and counsellor perceptions of the relationship. In order to gain some data on the 'entry' to the service and to ensure that the maximum sample is obtained, the appropriate time to seek out such information would appear to be the first client session.

The problems relating to the power issue in the organisational setting (p.43) had occurred before commencing the research. The author had suggested to the senior management of BT in late 1994, that in order to make best use of the field management team, we should make those managers with substantial counselling experience (3 in number) responsible for development of staff and to make those with



managerial experience and less of a counselling background (2 in number) responsible for the day to day running of the unit and general line management tasks. At first there was considerable resistance to this idea. But, eventually, in August 1995, permission was given to implement such changes from January 1996. The timing of these changes was unfortunate in that a delay would have enabled a more detailed study of the effect of the change to have taken place. However, the organisation would not accept this possibility. Although the planned interviews were conducted in November 1995 with two of the specialists after the guide questions had been developed, the original intention to re-interview after the introduction was abandoned because by the time the first interviews took place, the specialists were already aware and in favour of the changes. This perhaps indicates that an essential requirement of the researcher in industry is flexibility and tolerance of frustration caused by the organisation not being overly concerned with scientific rigour. (Although this line of enquiry was abandoned, the interview transcripts are shown in appendix 10.)

The management arrangement within the BT counselling service from January 1996 is shown in fig. 1

Figure 2



Although changing managerial responsibility like this might have an effect on its own, it seemed sensible to combine it with some sort of system to facilitate individual counsellor's development based on the principles outlined above (p.43). With a group of around fifty counsellors spread throughout the UK, it would be of little value to expect three 'Development managers' to spend time in the field with each counsellor. This would have resulted in most people seeing their development manager for two days a year - hardly the stuff revolutions are made from.

Simply contacting individuals by 'phone and asking them what cases they were dealing with might work but there was no guarantee that the counsellor would offer up cases that, through discussion, would help them develop. The natural tendency to show a manager better work would be almost certain to prevail and the author's experience has shown that it is often where people are struggling with something, that



development opportunities exist. Regular contact with the development manager was needed where the manager was able to control which cases were looked at.

### **Aims of the research**

The research can be seen as consisting of two main parts; An initial study investigating some of the issues around managing a scheme and a second study concerned with enhancing the development of counselling. From the above discussion of the background, it should be clear that the development of two 'models' was required. The first to outline some means of managing casework and the second to describe the most effective means of enabling development in counsellors. This focuses on the relationship between the counsellor and development specialist.

There appears to be little or no research that applies either developmental models or supervision models to the issues of managing a unit in an industrial setting. This is expected to be one of the main contributions of the research. The research question is as follows:

“What factors in managing a counselling service for a UK organisation are necessary to promote development of the counsellors, to ensure organisational problems are highlighted and to provide some measures of customer feedback?”

### **Methodological Considerations**

Before breaking the research question into its component parts, some of the more general methodological issues will be reviewed.

Any form of management scheme needs to have clarity of purpose. The scheme suggested here is not focused on evaluation, even though some of its output could be used for such purposes. A decision was taken to attempt to build a management system that enabled counsellors to receive developmental feedback from themselves, their managers and their clients. It had to be a scheme which met the host company's requirements for 'customer satisfaction' (i.e., client satisfaction) data in order to overcome the effects of clients being presented with two questionnaires by the counsellor, since the company was committed to pursuing this. Moreover, it had to provide some form of feedback to the organisation, whilst respecting the bounds of confidentiality.

In looking at previous evaluation research, the author became convinced that:

“... all research starts from a perspective; decisions about data collections and subsequent interpretation are not value-free...” (Orlans, 1991, p.)

This led to the belief that any system should follow the ontological perspective of the researcher, which here had much to do with the humanist tradition of Rogers et al. Accepting this, a decision was also made to avoid using control groups or pre-post counselling measures and it was also decided that no reliance would be placed on 'sick absence' data (for the reasons outlined above pp.9-12) The resulting system needed to sample both client and counsellor perspectives.



Of the possible methods of sampling these groups' perspectives, ethical constraints relating to client identity meant that interviewing clients following counselling was out of the question. It was felt necessary to develop questionnaires that could preserve anonymity. In itself, this limits the detail of biographical data that should be collected because it is often possible in smaller units to identify an individual from their biographical details. The design and development of the questionnaires is discussed later but a key element of the research was to concentrate on some of the variables pertaining to the relationship between client and counsellor.

Despite the concerns of counsellors that expecting a client to complete a questionnaire would affect the dynamic, it was decided to administer the questionnaires at the end of the first counselling session. This was principally because other statistics collected indicated that a high proportion of casework was limited to one session and if questionnaires were given at the end of (say) the 6th counselling session, the sample size would be (relative to the overall casework volume) very small. Furthermore, the potential problems highlighted above in the discussion of Sloboda et al. (1993) led to the conclusion that 'end measures' (i.e. those given after a number of sessions) would only produce a positive evaluation and this would seem to have limited utility in giving developmental feedback to counsellors. This led to the view that the research should not focus on outcome, per se, but on measures that might be predictive of outcome indirectly. The work, for example, of Horvath and Symonds (1991) and Horvath and Greenberg (1995), indicates that the quality of early relationship variables is predictive of outcome. The author accepts that early relationship variables are predictive, and it is, therefore, not necessary to test this assumption in the present work.

An examination of the statistical returns from counsellors dated June of 1995 (BT Internal publication) showed that there were around 2000 new cases in the period April-June. Whilst the validity of this figure may be questionable (since there was no real check on its accuracy), the sheer volume led the author to believe that in order to process the data effectively, some form of computer based system was a pre-requisite. Such a system not only needed some means of storing the data but it was also required to generate client satisfaction data, flag cases for discussion to specialists and it had to be capable of producing organisation data in a form that could be used by specialists responsible for the organisational interface.

Research into counselling in any setting brings with it operational difficulties, such as the need to protect client confidentiality; the question of who will have access to the data and in what form; the potential political implications of the study proving that the scheme is not functioning as it was thought to be and, not least, a degree of resistance from the counsellors who feel that they are being put under the microscope. Whilst the author's position in the organisation enabled him to control many of these variables to some extent, and to anticipate some problems before they jeopardised the research (e.g., the management requirement for client satisfaction data was incorporated into the questionnaire design), it did not prevent problems from arising.



The need for a dedicated computer software system to handle the data and which was capable of acting as a tool to enable the developmental managers to focus on relevant casework was, to say the least, daunting, particularly given that the organisation could provide no additional budget or time for its development. The author had fortunately gained some experience in the development of relational database design and therefore, this was put to good use.<sup>11</sup> The development took about six months, running concurrently with the piloting of questionnaires and the background reading, both of which impacted on the design considerations.

So, organisational issues impacted early in the research, with the requirement to include client satisfaction data. Despite encouraging senior managers to focus on *customer* satisfaction (i.e. the company divisions effectively paying for the scheme) rather than client satisfaction (i.e. the users), several questions were reluctantly incorporated into the questionnaire design. This was seen as a lesser problem than the alternative suggested of clients having to complete two questionnaires, with the likely consequence of a lowering in response rates of both measures. Sensitivity of the counsellors to what they saw at first as 'evaluation' (of themselves, rather than the scheme) had to be accepted and worked with and the author took the view at the outset that the successful operation of the scheme might take as long as eighteen months.

The volume of casework, which led to the production of a complex computer system, also impacted on questionnaire design and, of course, changes in question design impacted on the system, with the requirement to re-write the programme each time the questions or layout of the forms changed. (This point is developed further in Chapter 2)

In order to make the research question researchable it was broken down into a number of key areas. But it was also accepted that it would not be possible to test all of them adequately in the present study.

The key areas deriving from the main research question can be split into four broad groups but the focus of the research is primarily counsellor development. The groups are:

*Managing a counselling service for a UK organisation*

*Promotion of development of the counsellors*

*Highlighting of organisational problems*

*Provision of some measures of customer feedback*

Each of these is addressed below in separate sections.

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<sup>11</sup> The development of the computer system is detailed in Chapter 2.



### **Managing a counselling service for a UK organisation**

A number of authors have written on the topic of the organisational context. For example, Carroll (1995), Crandall & Allen (1982), Carroll & Walton (1996), Summerfield & Van Oudtshoorn (1995), Megranahan (1989), Berridge & Cooper (1994) and Lane (1990). Much of this writing focuses on the macro issues of boundaries, policy statements, introducing a scheme and obtaining senior level commitment. These issues are crucially important to the successful operation of a scheme but the present research is concerned with managing a scheme at the micro level of the counselling service itself. A computer-based scheme is described in chapter 2.

The key question in much of the research in this area has been 'does counselling work?'. The author accepts that counselling is beneficial. Therefore, the rather thorny question of what actually constitutes 'benefit' was defined as the client's perception of whether they had benefited, after the counselling session. There has been much debate in the literature about what 'benefit from counselling' means. (See, for example, Lambert (1989), Eysenck (1952), Jacobson et al. (1984), Crits-Christoph et al. (1991), Attkinson et al. (1982)) Whilst this is likely to remain a live issue for some time to come, the present research set out to examine a number of issues which, if clarified, should aid the management of counsellors by indicating areas for the manager to concentrate upon.

### **Promotion of development of the counsellors**

The data gathering from counsellors and clients leads to the main purpose of the study. Through using client returns and comparing these with counsellor returns, counsellors were encouraged to focus on counselling relationship and process issues. The overall approach was derived from the author's experience of supervising and training individuals. This indicated that by encouraging trainees to focus on the counselling process rather than content, including the trainee's feelings during the counselling session and their views of their interventions, their ability improved in the opinion of the rater and the counsellor. The developmental approaches reviewed earlier (pp.25-39) describe stages but fail, on the whole, to specify how the counsellor can move from stage to stage. The author believes that by focusing on process issues in counsellor discussion individual development is likely to be promoted. The construction and trialling of a process scale is described in chapter 4.

Issues such as the degree of empathy in a session are difficult to quantify with any validity. Some of the studies which have attempted to do so (See McLeod (1995) for a review of these) tend to rely on evidence of behaviourally observed statements from the counsellor. Whilst this shows that a counsellor may have mechanically mastered certain techniques, such as the basic empathic response ('You feel (*feeling*) because (*behaviour and or experience*) '), presence of such reflections to the client does not necessarily indicate that the counsellor is actually empathic. Equally absence of such statements does not necessarily indicate a lack of empathy. Assuming, of course, that empathy is defined as 'walking in the client's shoes' and not as the ability to repeat what the client has said.



In order to measure development effectively, some criterion is needed against which improvement, movement forward or new insight might be measured. Where such development is often at the level of the person, issues such as self and other awareness become key and so the range of possible criterion measures becomes vast.

### **Highlighting of organisational problems**

From the organisation's perspective, the ideal would perhaps be to know everything there is to know about an individual where it might affect their ability to perform their duties. From a counsellor's viewpoint, the ideal might be for the organisation to know nothing about their clients. However, both parties and the client can benefit from something of a compromise. Organisational issues affect individuals, and individuals affect the organisation in many ways which can impact on efficiency. Boundaries of confidentiality are often used to debar the organisation from information about counselling but where a large volume of casework is undertaken, statistical feedback to the organisation's divisions can provide a very effective means of the organisation monitoring what is happening to its employees without confidentiality of the individual client being breached.

In informal discussions with professionals working in private practice, the author became aware that many of the external EAP providers request detailed information from their associates about clients. This can be so detailed on occasion (e.g. date of birth, gender and work location) that it clearly identifies an individual and it is, in the author's opinion, professionally unethical to supply such detail, at least without client consent and in some cases with consent. The issue here is really about *informed consent* and the argument rests on whether the client is fully aware of the potential consequences of the supply of biographical data such as the client's employer being made aware of a health problem, for example.

However, it is probably also the case that counsellors are so concerned about confidentiality, or so insecure about the prospect of their work being evaluated, that they sometimes seem to resist psychologists' attempts to complete research. The author believes that for clients to be protected and for counselling to move to a truly professional standing, research must be conducted but done in such a way that client confidentiality is maintained. With the above provisos, this should take the form of identifying when and where trends exist and, if possible, identifying company initiatives which might be associated with a rise or fall in casework.

### **Provision of some measures of customer feedback**

In the organisational setting, the notions of 'Total Quality Management' during the 1980's probably led to the ideas of 'delighting one's customers' and other such 'management-speak'. Whatever view is taken of the practical application of such ideas, there is no doubt that he who pays the piper calls the tune. As businesses such as BT started to concentrate on 'core business' during the 1980's, they demanded that 'accountability' should become the order of the day, particularly for the support functions (such as personnel) which were unrelated to the core business but necessary as an overhead.



It was, therefore, only a matter of time before areas like counselling and safety were subject to the same demands. In the author's experience, the provision of such data is often unrelated to the realities of the situation. It invariably leads to the production of measures that show whatever unit in a good light. Response times, successful cases (whatever they are), volume of enquiries and number of incoming telephone calls have all been used to demonstrate to other managers that a particular unit is worth the overhead costs. In some ways this can be analogous to acoustic feedback. Most of us are familiar with the whistles and screeches that come from a poorly set up public address system when the microphone is placed too close to the loudspeakers. However, in the design of electronic amplifiers, controlled feedback is used to improve quality.

In the present study, it was intended that measures of customer feedback should be used to do just that. Feedback to and from the organisation has the aim of stimulating discussion with the people who pay for the counselling unit to ensure that the unit is meeting the organisation's requirements. As discussed in the previous section, it also has the aim of identifying when the organisation's major initiatives are causing problems to its employees through the quantity of referrals in particular subject areas. The aim of feedback is thus not to create further 'noise' in the form of management statistics but to enable both the counselling service and company to have information which allows them to adjust to the environment.

### **The form of the research**

In attempting to address some of the areas indicated above, it was decided to concentrate on two key parts of the research:

- (1) The development of questionnaires that could be used in combination with a computerised system to monitor customer satisfaction, identify casework trends and to identify potential areas for interventions designed to enhance counsellor development.
- (2) The evaluation of the tool described in (1) as an effective method for use in the management of a counselling scheme and as a vehicle for generating counsellor development.

The research initially concentrated on the development of questionnaires (Chapter 2) and evaluation of the quantitative output (Chapter 3). Later chapters focus on the efforts in the research site to encourage development in counsellors (Chapter 4) and the final part of the study investigated the influence of the counsellor's locus of control (Chapter 5).

Locus of control featured in several pieces of work referred to above. For example, Stoltenberg (1981, p.64) (cited on page 28) suggested the need to consider the trainee's 'accessibility characteristics'. One characteristic was related to 'inner directed types' and 'other directed types' and this suggests the need to ensure that any system is capable of dealing with individual differences in such motivational factors. A final chapter (Chapter 6) considers the study as a whole.



## **Chapter 2**

### **Employee Counselling in Industry**

#### **Introduction**

In this section, the development of questionnaires will be outlined and some of the problems encountered will be discussed. The function of the questionnaires to provide developmental material will be briefly mentioned as part of the casework management system and the development of the computer system, designed to facilitate the process, will be considered

The overall rationale for the methods adopted in this study resulted from the literature search partly described in Chapter one and the author's experience as a practitioner in counselling, counsellor training and the management of a large counselling department in a blue-chip company. Both organisational and ethical constraints are placed upon applied research in counselling and these were evident in the early stages of the research. Such issues, which affected the questionnaire and system development, will also be considered in this section.

The author held the view that the relationship between client and counsellor was an essential (but not sufficient) facilitator of successful client outcome. This view probably originated from the early influence of Rogers' work (Rogers (1957) on the author, and had developed through his reading of the research on the 'working alliance' (Gelso & Carter (1994), Horvath & Greenberg (1995), Horvath & Symonds (1991) *et al.*, This work is discussed in more detail in Chapter 1, Pages 17-20) In the author's experience, the most effective counsellors were those who could build a working alliance and enter the client's world, whilst retaining an objective stance. Such a stance was initially proposed by Rogers (1957) and although attempts had been previously made to measure empathy (e.g. Truax & Carkhuff (1967)) and related aspects of the interaction (e.g. Barret-Lennard (1962), (1978), (1986)), these either relied on trained observers or on lengthy self report measures. Neither approach is suited to the organisational context of counselling. (Both points are developed further below). Therefore, a central thread in the present research was concerned with how shared perceptions between client and counsellor might be measured in the organisational counselling context. A second thread concerned the means by which counsellors developed the skills or knowledge to enable them to enter the client's world. Ultimately, the question of how one might help counsellors to develop the necessary skills or knowledge lies behind the research.

Through running many training courses at levels from initial to advanced where experimentation with different methods was encouraged, several approaches were found to be beneficial to the trainees. The methods of Ivey & Galvin (1982), Authier & Gustafson (1982), Egan (1975), Nelson-Jones (1983), McQuellon (1982) and indeed those of Kolb (1971) all encourage reflection by the trainee following practice.



In the classroom, video-taped sessions had been used by the author's predecessors from the 1960's and the author had used replay following an interview in much the same way that Kagan (1975) had suggested, although at the time he had been unaware of this work. (See Elliott (1986) for an overview of the many people who adopted such approaches, independently with the rise of appropriate technology).

With or without recording, such reflection on casework had often yielded dividends in the classroom but it had been observed only sporadically in the day to day practice of counsellors by the author. This was partly because of the volume of casework with which they were engaged, partly because of the objective, content-type records that they were expected to keep and partly because of having little regular contact with those managers in the unit whose primary focus was professional development. It was also something of a taboo until the early 1990's to consider recording the interaction with a *real* client in the *real* world and although this had been suggested as an alternative to observation, few counsellors in the unit had taken up the opportunity. This was probably because 'observation' was associated with 'assessment' rather than 'development' and although these cultural factors within the organisation were crucial to facilitating the changes brought in with this research they are beyond what can be reported here. (See Chapter 1, pages 9-12 and 40-43 for further detail)

So, both questionnaire and system development were targeted at finding a method of regularly encouraging reflective practice among counsellors. At the same time, the questionnaires and system were required to generate useful data from the organisation's perspective.

### **Questionnaire Development and Piloting**

Oppenheim (1992) sums up the process effectively:

“... Questionnaires do not emerge fully-fledged; they have to be created or adapted, fashioned and developed to maturity after many abortive test flights...” (p.47)

In the research, these test flights took around 15 months, involved three major questionnaire revisions and succeeded in moving the client response rate from 40% to 63 %. Exactly what caused the improvement in response rate is a matter of debate, since different clients were responding but there were essentially four changes in development that may account for some of the differences:

- i. Question alterations.
- ii. The inclusion of a covering letter.
- iii. The printing of forms onto coloured card/ typesetting.
- iv. The inclusion of a reply-paid envelope for client use.

Unfortunately, largely because of cost and time, question revisions took place at the same time as ii., iii and iv., above. Therefore, it is impossible to separate out their effect. However, the information on the improvements in response rates may be



helpful to future researchers but it should be treated with caution as no claim is made for the efficacy of particular amendments due to the fact that, in effect, different samples, of different sizes, were responding in each part of the project and several amendments took place at the same time.

Before detailing the development of the questionnaires, it is important to explain the rationale for developing a set of measures rather than using one of the existing approaches for which much data supporting their validity and reliability exists. (e.g. Some of the major approaches are reported in Klein, Mathieu-Coughlan & Kiesler (1986), Rice & Kerr (1986), Toukmanian (1986), Hill (1986), Barrett-Lennard (1986), Orlinsky & Howard (1986), Stiles (1986), Suh, Strupp & O'Malley (1986), Alexander & Luborsky (1986) and Horvath & Greenberg (1986))

Firstly, the author has long held the belief that individuals construct their own experience of the environment. In this sense, there is no 'objective reality', only subjective experience. Some of the established measures rely on trained observers rating sessions after the fact. These were excluded since they are likely to generate a further 'subjective report', rather than necessarily isolating the objective facts of counselling. Whilst many have attempted to identify 'empathy', (e.g. Barrett-Lennard (1962, 1981, 1986), Truax & Carkhuff (1967)) the attempts commonly rely on an observer rating counselling sessions or extracts thereof. Whilst the author accepts that skilled observers can rate the empathic quality in a relationship if it is present, there is inevitably a depth of understanding in a skilled practitioner which is probably a prerequisite to being able to recognise it. Therefore, although such measures may be reliable if another skilled practitioner observes, they may not be accessible to the wider scientific community. In other words, only those skilled in empathic awareness and trained in the particular observation method can accurately measure it. This sounds rather like a variation on the 'king's new clothes' theme, but it is probably inevitable given the complexity of some of the concepts involved. That only skilled observers lend scientific credibility to a study is probably true where what is being measured is objectively observable. However, as what was being studied here was, essentially, the subjective perceptions of two parties in a dyadic interaction, then the best way to ascertain the perceptions is to ask the participants.

Secondly, many of the self report measures are very lengthy (e.g. Barrett-Lennard (1978), cited in Barrett-Lennard (1986) has 64 items). These would be unwieldy, and probably unacceptable to senior management, in the organisational environment in which the study took place.

Thirdly, many of the measures were designed for therapy and whilst they might have been modified to suit a pure counselling environment, they would not be suitable for the organisational context. For example, the Penn Helping alliance questionnaire (Alexander & Luborsky, 1986) has an item:

"... I feel now that I can understand myself and deal with myself on my own (that is, even if the therapist and I were no longer meeting for treatment appointments)... " (p.363)



Such a question, slightly modified, might be OK where a client is working on self image but where a client's only problem is financial difficulties caused by a third party, it is clearly unsuitable. Even if the measures did translate into the organisational environment, Carroll's (1988) warning about transporting theories from abroad into Britain, caused the author to avoid trying to force a measure designed in another country into an imperfect slot in the existing study.

So, whilst some of the existing measures may have been unsuitable, there is no denying that the author was initially attracted to using some of them which, at first, seemed to be fit for purpose. However, the rationale of the present study was *not* about investigating the working alliance, it was not about outcome, although every process study needs to keep sight of outcome, for without a successful outcome, there is no point in studying process. Rather, it was about managing an existing scheme and attempting to facilitate counsellor development.

For these reasons, it was decided that a pair of measures should be developed, tailored to the scheme in question and using a more open-ended approach to process on the counsellor form. The detail of the process notes is considered later but first the development of the other questions will be discussed.

### **Development of questions**

Whilst the research set out to compare the perceptions of clients and counsellors in a number of areas, the development of appropriate questions, which might be mirrored in the pairs of questionnaires, was more complex than had been originally anticipated.

'Empathy', 'Respect', 'Non-directiveness', 'Confidentiality' and 'Acceptance' are some of the areas that the previous research indicated were important. However, attempting to define any of these concepts operationally was no easy matter. For example, some of the difficulties with the concept of 'empathy' were discussed above (p.39, p.43).

Rogers (1961) covered some of the more general underlying issues in his discussion of the relationship he tried to build with clients:

“... It is my purpose to understand the way he feels in his own inner world, to accept him as he is, to create an atmosphere of freedom in which he can move in his thinking and feeling and being, in any direction he desires... I enter the relationship not as a scientist, not as a physician who can accurately diagnose and cure, but as a person, entering into a personal relationship. Insofar as I see him only as an object, the client will tend to become an object...” (pp.108-20)

In the author's experience, it can take a very long time to *really* understand what empathy means and even Rogers' words are thoroughly inadequate to capture its meaning. Asking the client if the counsellor understood them, does not cover the counsellor's reflection of their understanding, but as discussed above (p.39), the presence or absence of a mechanical reflection is not necessarily an indicator of the



presence or absence of empathy per se. Indeed, the trance-like feeling of experiencing the client's world is probably so nebulous that it is doubtful if the concept can be adequately operationalised. Although this may or may not pose problems within the discipline, attempting to elicit an opinion from an untrained client about a counsellor's empathic ability clearly led the author into difficulties.

Barrett-Lennard (1981) provided a useful overview of the development of the term from its early Greek origins (empathia - 'em' means "in" or "into", 'pathia' refers to affection or passion with a quality of suffering) through the Latin (pathos) and, most usefully, the late 19th century German term, *empfindung*, which refers to the process of becoming totally absorbed in a piece of music or work of art. Whilst it was fully accepted that capturing the essence of the concept in a form which clients might understand was probably an impossibility, it was felt necessary to make an attempt.

So, after a great deal of heartsearching, 'Empathy' was reluctantly subdivided into 'understanding of problems' and 'understanding of feelings' for the questionnaires. Although this seemed somehow inadequate to cover such a complex concept, the only directly targeted 'empathy' questions in the Penn questionnaire were:

“... 7. I feel the therapist understands me... (and) ... 10. I believe we have similar ideas about the nature of my problems ... “ (Alexander & Luborsky (1986) p.363)

Some of the other questions probably tap into aspects of empathy but are, on the face of it, about the working alliance, per se. For example:

“... 9. I feel I am working together with the therapist in a joint effort ...”  
(Alexander & Luborsky (1986) p.363)

With 'confidentiality', it was not simply a case of asking the client if the counsellor covered confidentiality during the session. Some clients may not have adequately understood the boundaries of it. For example, some may have believed it applied in cases of self-harm, some may not. Some may have believed that confidentiality was complete or total, others may have viewed their issue as confidential as long as it stayed within the law of the land and so forth. Some may have believed it to be implicit and therefore answered that it was discussed, when, in fact, it was not. In some circumstances, for example with a highly distressed client, it may not have been appropriate for the counsellor to discuss confidentiality until the crisis had been averted and even where it had been discussed, it is doubtful if a person in crisis would remember the discussion. In other cases, where the initial inquiry was for information or guidance and a counselling session was arranged for a second visit, confidentiality may not have been discussed at all during the initial session. Thus trying to tap into an agreed understanding of the term was far from simple. Recourse was, therefore, made to the policies within the site of the research in order to bring the subject within manageable proportions.



The organisation's policy on contracting in counselling lays down two mandatory occasions where confidentiality might be breached. (A serious breach of the law or a serious breach of company rules<sup>1</sup>). Additionally, the counsellor is encouraged to consider including in their contract with the client issues relating to self harm, harm to others and, where a client consents to one of the following practices; disclosure in professional supervision, professional development groups and so on. To cover all such issues in an opening contract would be impractical under most circumstances and so it was accepted that there would be variation.

In practice, then, the issue of confidentiality is a complex one and whilst several questions might be needed to explore it fully, it was decided that one question, covering the mandatory elements would be used. The issue about implied confidentiality was not considered to be a threat since the interest was in the client's *perception*, rather than objective evidence of confidentiality being covered by the counsellor. However, some of the potential problems regarding confidentiality also apply to the questionnaire as a whole.

Researchers have often argued that it is insufficient to rely on the client to accurately report on process (or outcome). (See Greenberg & Pinshoff (1986) for a selection) Clients may report the detail of their experience as though they were describing their overall impression and so a good overall impression may result in a series of good marks for process variables. If this was the case, we might expect to see high correlations between the process variables and, what might be described as a 'global' variable, 'benefit from counselling', without there being any real causative link between the process and the outcome. This may well explain why some of the studies cited earlier (e.g. Truax & Carkhuff (1967)) used non-participant observers to 'objectify' evidence rather than relying on client perception alone. Had the present study been concerned primarily with the links between process and outcome, this would have been a serious threat. However, the present study is concerned with shared perceptions between clients and counsellors. Whilst any 'halo' effect may have needed consideration in analysis, it was not as crucial a consideration as it would have been if the study had been concerned with the links between process and outcome. Such studies would seem to require triangulation through a non-participant observer, despite the fact that it could be argued that non-participants are unlikely to be able to reach the same depth of understanding as a participant.

'Non-directiveness' was split into 'giving advice or guidance' and 'encouragement to make own decisions'. Again, these concepts become more complex when examined more closely. Whilst the roots lay in Rogerian theory (Rogers (1957)), the history of the site of the research is important in uncovering why 'non-directiveness' was 'defined' with the two areas above. Coming from a welfare tradition, the site had moved from a core advice & guidance service to a core-counselling platform. Managerially, it was thought important (by the author) to examine how much advice and guidance were still taking place. The author's experience had shown that advice giving was very often related to a need in the 'counsellor' for self-worth & power,

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<sup>1</sup> Source: BT policy instruction PNL/A030/BT Employee Counselling Service - Roles & responsibilities



rather than the provision of a required service, although there were, of course, occasions where advice giving was what was wanted *and* needed. (e.g. in crisis) Experience had also shown that 'advice', no matter how well intended or how objectively appropriate, failed, very often, to consider the client's unique person and circumstances and that it, therefore, commonly failed to work. However, where a client, having sought and been given *information*, then felt that they were able to reach their own decision, the outcome was more likely to be successful. Egan (1990) summed up the importance of client ownership thus:

"... It is essential that the goals chosen be the client's rather than the helper's goals or someone else's. ... Clients tend to work harder for goals that are their own. Moreover, choosing goals they do not own enables them to blame others if they fail to reach the goals or if they find out that reaching them does little to help them manage..." (p.314)

These points, of course, relate to counselling, per se, rather than to the multiplicity of roles commonly undertaken by the in-house counsellor. In the research site, some of the counsellors were also responsible for giving guidance on interview techniques and all of the counsellors were responsible for providing 'advice to managers'. Philosophically, one might argue that such guidance or advice is only well received if the client is already motivated to take on the information. However, from a respondent's point of view, it is unlikely that they would see this as *information*, particularly where it consists of only one plausible course of action. It is much more likely that this would be seen as *advice* or *guidance*.

Thus, it was felt necessary to collect data which would enable analysis of both advice and client ownership. This also led to the inclusion of items relating to the type of presenting problem, since it was evident that some patterns might emerge for advice giving on the part of the counsellors in one type of work and not another.

The remaining questions concerned with the perception of the working alliance and underlying conditions of the relationship were similarly complex in terms of reaching an operational definition of the concepts. 'Non-judgmental', 'Acceptance' and 'Respect' are probably very different things to different people. However, from the research viewpoint, the interest lay in the client's perception and therefore, formulation of appropriate questions was a little easier than those discussed above. The issues related to whether (or not) the client *felt* 'accepted as they were' and whether (or not) they *felt* that they had been 'shown respect by the counsellor'. Thus, the important point was not the existence of a shared definition of respect or acceptance, but the client's perception based in their own frame of reference, whatever it might have been. The wording of the 'non-judgmental' question did pose some difficulties, however. The initial attempts at wording left the author feeling that it would not be possible to tap into the construct without a battery of questions. Such an approach would not have been feasible, as the length of the questionnaire would have become unwieldy. Simply asking a counsellor if they had been judgmental would have probably resulted in all counsellors saying that they did not judge their clients (because such behaviour would not be acceptable professionally). Contrarily,



the author believed that clients might more readily answer such a question openly because they are not subject to the same professional training. Various attempts at wording resulted in an uncomfortable compromise - Clients were asked their view on the statement 'My counsellor did not judge me' and counsellors were asked their view on 'I found it hard to accept the client'. The direct comparison between these questions was probably not valid since they are, after all, different questions. However, for the purpose of the first pilot it was considered worth gathering the data. With hindsight, it might have been better to include a battery of questions in this area in the initial pilot and then to construct the final questions following analysis of the data.

Questions concerned with the degree of shared understanding between client and counsellor were also developed to examine several areas. The client's perception of whether (or not) they had benefited from counselling was compared with the counsellor's perception of benefit. Whilst this was not concerned with outcome, *per se*, but rather a shared perception at the end of the first session, the organisation chose to use it as such. Similarly, questions concerned with the client's intention to make further appointments and the client's answers as to whether they would recommend the service to a colleague were also taken up by the organisation as measures (supposedly) indicative of success.

The client's perception of their problems' effects on home and work lives were compared with the counsellor's view and it was intended that such information could be of use to the organisation, particularly in terms of change management. This was mainly because in the time leading up to the research a massive 'downsizing' operation had taken place in the company (247,000 to 127,000 employees) and further reductions were planned, albeit on a smaller scale and within certain specified units within the organisation.

The biographical detail gathered in the survey inevitably raised issues regarding ethics. Confidentiality of the individual client had to be protected and yet for the information to be useful, it was important to identify work units that seemed to be experiencing greater than normal levels of referral. Similarly, it was felt useful to collect detail on the job grade of clients since company initiatives were commonly targeted at grade groups rather than discrete units<sup>2</sup>. In the first pilot, eight grade groups were identified. This was expanded to 10 in the second pilot and 14 by the launch of the finished questionnaire. This point alone indicated the value of extensive piloting because, even in an area with which the author was familiar, further categories emerged during each pilot which rendered the ubiquitous 'other' category somewhat unwieldy.

Gender and age were also collected on both forms in the first pilot. This information was considered useful for ensuring that the service reached all ages and both sexes and it was considered potentially helpful in identifying groups where there might be

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<sup>2</sup> e.g. 'The customer service improvement programme' was targeted at engineering technical grades, 'The leadership programme' at managerial grades and 'The management insight' programme at personal contractor grades.



age or gender related problems. The purpose of including the questions on both forms in the pilot was as a cross check of accuracy on the part of the counsellors and to see if it might be possible to gather data from counsellors alone in the later study, thus limiting the number of 'personal questions' asked of clients directly.

The organisation identifies its manager groups with a 3 letter, 2 number code. The resulting code indicates reporting structure in the company but not necessarily the grade of the code-holder. The inclusion of too detailed information could possibly identify an individual in some groups, whilst in others, even all five digits might only indicate a group of 50 people. With some senior manager grades, the combination of age, gender and three digits (or less) would identify a person. This caused the author some concerns, ethically, since confidentiality was the cornerstone of the service and even an implied breach could have been deleterious. Although it was decided to ask the individual to supply the first three letters of their code, the counsellors were briefed to use the codes YYY, OOO or XXX for any cases in which confidentiality might be at stake. They were asked to advise clients to do the same if they were concerned about this.

Another point relating to confidentiality arose in the need to be able to compare counsellor and client forms. Initially, the intention had been to number the forms using the counsellor's own unit code plus the casenumber allocated by the counsellor which referred to the casefile retained by the counsellor. At the time (November 1995), paper records were excluded from the data protection act and concern was expressed by some of the counsellors taking part in the trial that their case files would be open to clients. In fact, it had been company policy since 1991 for clients to have sight of their own files should they require it but as this was rarely used, the author investigated a number of different methods of allaying the concern in counsellors. It was decided to allow counsellors to allocate numbers to each pair of forms that they (and they alone) could associate with a particular individual.

The final question included in the first pilot related to the client perception of the presenting problem (on the client form) and counsellor view of the client's problem (on the counsellor form). That the presenting problem is not always the real problem is accepted wisdom in much of the counselling literature. (See Egan (1980) or Rogers (1961), for example) However, although some consideration was given to asking both parties their views on both the 'before counselling' beliefs and the 'after counselling' beliefs, experience led the author to believe that clients or counsellors might engage in post-hoc reasoning, thus rendering the dual questions of doubtful validity. Since the ultimate aim was for the data to be used in discussion with the counsellor about the case, it was decided to ask the clients about the presenting problem and the counsellors about the main difficulties. This does not overcome the possibility of clients engaging in post hoc reasoning but it may indicate subtle differences in perception between client and counsellor.

### **The first pilot stage**

During the first pilot, the questions were printed onto single sided plain paper, no covering letter was given to clients (since the counsellors were expected to explain



the rationale) and no return envelope was provided (since it was wrongly assumed that all clients would have access to free internal post-points). Five counsellors, selected at random from those available during the trial period took part in the trial, which generated 40 counsellor forms and 16 client returns. (40% client return rate) Detailed analysis of the data was not performed on this sample because it was felt that there were so many issues with the questionnaire design that sufficient lessons could be learned and that time would be better spent re-issuing and running a wider exercise.

For the majority of the questions concerned with perception, a five point Likert scale was used, anchored with 'Strongly agree', 'Neutral' and 'Strongly Disagree'. The client responses tended to be polarised on the 'strongly agree' of the 5 point scales which were, at that time, scored so that 1, strongly agree, equated with a positive perception of the service and 5, strongly disagree equated with a negative perception of the service. This may have indicated a response set, that there was insufficient differentiation at the 'agree' end of the construct or that clients wanted to provide a 'good' evaluation regardless of the question asked.

Counsellors were suspicious of the purpose of the trial and the researcher spoke to each one in the pilot re-emphasising the rationale and the developmental intent. The discussions revealed that much of the distrust was as a result of previous initiatives within the unit that had resulted in what were termed 'league tables' by some of the counsellors. At that time, client responses were only returned to counsellors where the client had received a (verbal) explanation that they had the right to prevent the counsellor from seeing their answers. Since few of the counsellors had remembered to do this, few of the client forms could be returned to them. With hindsight, the inclusion of a section on the client form allowing the client to demonstrate informed consent would have been useful, since returning the forms to counsellors would probably have allayed much of the suspicion.

Even though gender appears to be a simple question, on following up a case in the first pilot where the question had been completed differently by client & counsellor, it transpired that the client was undergoing a sex change operation. The counsellor marked what they saw as the current gender, whereas the client's view was different. The counsellors were subsequently asked to record gender in such cases on the basis of the client's view of their gender at the time.

### **The Second Pilot**

The second trial involved ten personal counsellors in the unit, five of whom had participated in the earlier trial. This time, the scales were increased to 7 point in order to differentiate client positive responses. Counsellors were asked to offer each client an internal post label or reply paid envelope in order to return their questionnaire. They were also asked to ensure that each client was advised of their right not to participate and, if they did choose to participate, of their right to withhold the information provided to the counsellor. (By noting this on their form)



Several additional questions were included at this stage as a result of comments on the earlier questionnaires and management insistence. These related to how the client had learnt about the counselling service, how easy they found it to contact the service (which may have indicated a need for the service to market or publicise itself) and how courteous and helpful the call reception staff were found to be.

It was also decided to reverse a number of the questions to counteract possible response set. Some counsellors took exception to the wording of one question ("I would NOT recommend employee counselling...") since they felt this was leading. None of them had complained about the question before it was reversed and all were prepared, although some reluctantly, to accept the researcher's explanation for the change (response set). It is interesting to note that even after being told that they only appeared to consider the question leading when it was phrased negatively, a number of counsellors still felt that the question was unfair.

An oversight on the part of the author resulted in the wrong master copy being used by the reprographics unit in printing the questionnaires and consequently the intended tick-box for client consent and the covering letter were omitted.

This pilot yielded 77 counsellor responses and 35 client returns. ( A response rate from clients of 45.5%) Although the sample appeared to have responses strongly skewed to the positive end of the seven point scales, there was much greater differentiation along the positive end.

### **The Third Pilot**

The third trial targeted all counsellors in the unit. It was decided that during the trial, a covering letter should be included, since it was clear from informal discussion with counsellors that not all of those counsellors participating in the previous exercises were fully explaining the survey to their clients. As it appeared that the majority of the basic problems with the questionnaire had been identified, it was also decided to pilot the survey on a wider spread of counsellors.

Several issues arose in the responses to the second pilot, which were incorporated into the third pilot study. The grade groups were expanded from 10 to 13 and client difficulties from 14 to 20. On the client form a question was included to establish whether the client had made contact direct to the counsellor or via the call reception unit, since it was clear that in the second pilot some respondents had completed questions about the call reception unit when they had actually contacted the counsellor direct. At the insistence of the senior manager responsible for the unit, a question specifying problems that people might have had in contacting the unit was also included. Although the author attempted to convince this manager of the value of using an open-ended question in order to establish what problems people might have had, he insisted that the question must be included as he specified it. In the end, the author was allowed to include an 'other - please specify:' at the end of the question but since the manager only wanted to know problems where the client had answered a



previous question by scoring '5', '6', or '7' on the scale, the inclusion of this resulted in further routing instructions which caused unnecessary complication.

It was felt that the appearance of the questionnaire was rather unprofessional when compared to some other BT survey forms and therefore several re-design attempts were undertaken and opinions of the counsellors were sought of the new design. In order to facilitate the inputting of the questionnaires, it was felt important that they should be readily distinguishable from one another. This led to the idea of printing them on different coloured paper - one for the client form and one for the counsellor version.

Whilst it was not possible to pay for professional type setting and printing onto high quality paper, several experimental questionnaires were printed onto A4 card. Oppenheim (1992) had concluded that:

“... there have been many experiments with general layout, type face, colour and quality of paper etc. [but] ... No clear general conclusions have emerged...” (p.105)

Nevertheless, several colours were drafted for each questionnaire, since this was considered helpful in sorting and in inputting them. Opinions were sought from counsellors and other employees on their views of the coloured card. The majority (8 out of 10) preferred a dark blue card to most of the other options (pink, yellow, white, light brown, grey, green in bright and pastel shades) The second choices tended to be the pastel colours rather than the brighter shades. Whilst there was a clear preference for the dark blue card, its use would have required printing in a colour other than black (to make the printing easy to read) and this option was not available due to restricted budgets. It was, therefore, decided to use a yellow/buff colour and a pastel green for the third pilot.

In order to make the questionnaire appear to be shorter, an attempt was made to fit all the questions on each questionnaire onto a single page. Whilst this was achieved, the resulting space for comments by clients and counsellors was limited.

### **The Results of the Third Pilot**

The third pilot involved all counsellors using the coloured A4 card (green for counsellor and buff/yellow for clients) and a separate printed explanation for clients on their rights, the purpose of the survey and what happened to the forms and data. Although a request had been made for reply-paid envelopes to be specially printed, problems with the Post Office licensing<sup>3</sup> meant that these were not available for this pilot.

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<sup>3</sup> For some reason, the license held by BT did not allow us to direct large numbers of reply-paid envelopes to the specific address where the data were to be entered. Whilst we could have used the company registered office address and re-directed the mail through the internal post, it seemed sensible to obtain another license. Although this cost only £48, the bureaucracy involved took a considerable amount of time to negotiate.



This yielded 499 counsellor responses and 294 client responses, of which 261 were matched. Whilst it is possible that some cases took place for which neither form was returned, response rates were calculated on the basis of those cases for which a form existed. Thus, there were some cases where a client form had been returned but no counsellor form and some where the counsellor form had been returned but no client form. In total the forms referred to 532 cases and therefore the response rates were calculated as 499/532 for counsellors (94%) and 294/532 for clients (55%). An overall response rate of 49% (261/532) is assumed for cases where both questionnaires were received.

These figures do not account for cases where the client form was not given out at all and so the actual response rate was higher but since detail was not included on the forms to indicate cases where the client form was withheld, it is not possible to quantify the actual rate. A brief review of comments on counsellor forms showed that around 10 cases clearly fell into this category, so these cases are unlikely to make significant difference to the overall response rate<sup>4</sup>.

A number of other problems quickly became apparent. Firstly, some counsellors were not giving out the forms on the first session (They said that they felt that this was inappropriate and affected rapport with clients, although this may have had more to do with their own discomfort rather than the client's.) Secondly, some counsellors were using the forms for all casework, some for only face to face (and not telephone work) and some were not giving any forms out in specific types of casework (e.g. bereavement, financial). This resulted in the researcher reclassifying the data into 'new' or 'ongoing' and 'telephone' or 'face-face' after contacting each counsellor about three weeks into the pilot. Counsellors were asked to mark their forms with these two categories following this discovery.

Some clients were still completing questions on the call reception unit when it was clear, from other questions, that they had not been through the call reception unit at all. Some counsellors complained that there was insufficient space for their notes on the forms and others asked for guidance on the expected style and content of the notes. These points alone led to a redesign before the final study but, as discussed below, the issue about the note content was not dealt with until after the final study had been in operation for several months since the author believed that it was important to get individuals comfortable with the concept of the forms before trying to specify that counsellors should focus on process notes.

Several analyses were completed on the third pilot data. However, the main concerns at this stage were:

1. Did the question categories adequately account for variation in grade, problem type, and method of contact?

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<sup>4</sup> A difference of 10 in the client responses relates to about 2 percentage points in the client response rate on this question.



2. Were respondents & non-respondents similar on age, gender, grade, problem type & counsellor's opinion, particularly on 'benefited from counselling'?
3. Was there sufficient variation in client and counsellor use of the 7 point scale?
4. What changes in layout or question routing were necessary to overcome problems?

These areas are considered in the next section.



1. Did the question categories adequately account for variation in grade, problem type and method of contact?

Grade

Table 1, below, shows the counsellor responses to the question on client grade and cases where 'other grade' was ticked, with the resulting 'other grades'. (There were no major differences between the client & counsellor answers to this question)

Table 1 Counsellor responses on grade and categorisation of 'Other grade'			
GRADE			
	Frequency	Percent	Cum Percent
Eng technical	220	44.1	44.1
Clerical	124	24.8	68.9
Management & Professional	62	12.4	81.4
Personal Contractor	6	1.2	82.6
Senior Manager	1	.2	82.8
Motor Transport Unit	4	.8	83.6
Sales retail manager	4	.8	84.4
Sales retail non-man	12	2.4	86.8
Operator grades	14	2.8	89.6
Non employee	6	1.2	90.8
Pensioner	24	4.8	95.6
Dependant	12	2.4	98.0
Other Grades (See below)	10	2.0	100.0
Total	499	100.0	
Other Grades			
	Frequency	Percent	Cum Percent
Allocated to existing codes	488	97.8	97.8
ASO	2	.4	98.2
C1	1	.2	98.4
C2	1	.2	98.6
C3	1	.2	98.8
Ex BT	1	.2	99.0
Manpower	1	.2	99.2
Pensioner	1	.2	99.4
SDOA	1	.2	99.6
SSO	1	.2	99.8
Unknown	1	.2	100.0
Total	499	100.0	

The categories ASO, SDOA and SSO above, all refer to clerical grades and so were wrongly classified by counsellors. Historically, all these grades had chargeship of other people and considered themselves managers. The company did not consider these grades as management but such perceptions are difficult to overcome. Therefore, a likely explanation is that respondents were faced with the choice of defining clients as non-management grades (because of the way the question was posed) or ticking the 'other' box. The phrasing of the question in terms of management grades is quite precise and so they were probably faced with little choice than to tick the 'other' box, where the client had described themselves as a manager. The point here was to clarify the definitions used in the survey with the counsellors.

The grades C1, C2 and C3 are computing grades and these groups were omitted from the question. The categories 'Ex BT' and 'manpower' are only covered by the BT service in exceptional circumstances. 'Ex BT' refers to someone below pension age



(and usually below age 50) who has left the company. ‘Manpower’ refers to agency staff. The counsellor wrongly classified the pensioner case as ‘other’, as a category existed for it in the main question.

**Problem Type**

Table 2, below shows the responses from clients and counsellors on the nature of the problems. It is important to note that:

a. Clients and counsellors were asked different questions. Counsellors were asked about the problem and clients were asked about the problem *before* they came to counselling.

And

b. Both groups were able to tick more than one box.

Counsellor View of actual problem			Client View of problem before counselling	
Problem Type	Frequency	Percent	Frequency	Percent
Work Relationships Problem	66	13.2	46	15.6
Work Organisation Problem	91	18.2	46	15.6
Work domestic conflict	67	13.4	44	15.0
Work performance	38	7.6	27	9.2
Stress self manager referral	144	28.9	(	
Stress OHS incoming referral	6	1.2	(144	49.0
Stress referred by GP	7	1.4	(	
Finance main Problem	74	14.8	42	14.3
Bereavement other	45	9.0	(	
Death in service	4	0.8	( 27	9.2
Death of Pensioner	1	0.2	(	
Alcohol or Drugs	7	1.4	5	1.7
Divorce separation Marital	66	13.2	38	12.9
Elderly relation	1	10.0	12	4.1
Other Relationship	79	15.8	26	8.8
Redundancy Redeployment or Interview skills	84	16.8	61	20.7
Retirement	14	2.8	12	4.1
Physical health	62	12.4	(	
Mental health	48	9.6	( 61	20.7
Self esteem	66	13.2	(	
Pension Centre enquiry	14	2.8	4	1.4
Other Problem	79	15.8	39	13.0

(Clients were not asked to break down the origin of stress, health or bereavement, whereas counsellors were asked to do so)

Counsellors recorded 79 ‘other’ problems. Of these, 50 should definitely have been classified under one of the existing headings. The majority of these were for help and advice with CV preparation, which was intended to fit into ‘Redundancy, redeployment or interview skills’ (but had not been specified in the question).

Three of the other cases related to critical incident stress debriefings (CISD), which are infrequent, and it had previously been decided not to include these in the problem lists.



Ten of the remainder referred to illness of other relations or dependants. Seven were concerned with the organisation's discipline procedures. Five were concerned with domestic disputes with neighbours and the like. The remaining four were concerned with cases such as 'abuse' and 'concerns about the future'.

Clients recorded 39 'other' problems. 26 of these should have been classified under one of the other headings. Two patterns emerged; Firstly, as with the counsellors, advice with CV preparation, which was intended to fit into 'Redundancy, redeployment or interview skills', had been recorded as 'other' because CV preparation was not specified on the questionnaire. Secondly, mental health problems, such as depression were recorded as 'other' rather than as 'health'. This may well reflect the erroneous view in society that *mental problems* are not *health* problems. It was felt that including 'mental health' on the client form would have been unlikely to gain acceptance because of the taboos in society about such issues. The category 'health' had been used to try to overcome this but the results indicated that this strategy had been unsuccessful.

Of the remainder, three were CISM, six were related to health of dependants or relatives and three were concerned with domestic disputes with neighbours. One case was cited by the client as concerned with rape.

Generally, there appears to be similarity between the client's pre-counselling assessment of the problem and the counsellor's assessment with the main exceptions of relationship/elderly relation and health issues, which clients seem to play down. The difficulties above concerning redeployment issues probably account for the differences in these categories.

### **Method of contact**

As discussed above, problems were evident in the earlier pilots regarding cases where the client had contacted the counsellor direct and yet still answered the questions concerning the call reception unit, even though they had had no contact with it. The changes made to the form in the third pilot were designed to overcome this problem but, in fact, resulted in highlighting another difficulty - where a third party contacted the service on behalf of the client.

Of the 294 responding clients, 132 contacted the counsellor direct and 125 contacted via the call reception unit. 35 respondents did not answer the question. Inspection of the forms revealed that 20 of these had written that a third party had originated the contact.

### **2. Were respondents & non-respondents similar on age, gender, grade, problem type & counsellor's opinion, particularly on 'benefited from counselling'?**

It was indicated earlier (p.15) that the author held the view that the reason that many studies report high levels of satisfaction with counselling services is that those who are dissatisfied are also non-respondents. Therefore, in the present study, data were retained from counsellors where the client failed to respond. In analysing the results of the third pilot, the aim was not simply to try to improve the response rate. It was



rather to try to ensure, as far as possible, that respondents and non-respondents were matched for biographical variables and counsellor perceptions. It could be argued that counsellor’s perceptions on non-responding cases may simply have been wrong, hence there would be lower levels of empathic awareness and a poorer working alliance. However, most experienced counsellors would accept that they cannot be effective with every client and therefore, it was expected that there should be some differences on the questions relating to the counsellor’s perceptions of the client’s view, such as “The client would say that I showed her/him respect”, “If the client needed help in the future on another issue they would make another appointment” and “The client would not recommend Employee Counselling to a colleague” .

It was also expected that there might be differences between respondents and non-respondents on biographical variables such as age, gender and grade and these were also investigated.

**Age**

The frequency distributions of the two samples indicated little difference in the 21-30 age groups or in the 31-40 age groups. There were more respondents (by percentage) in the 41-50 age group but the major differences are in the 51-60 age group and the 61 or over groups, where there are more non-respondents. (Table 3, below)

RESPONDENTS AGE				NON-RESPONDENTS AGE			
Age Group	Frequency	Percent	Cum Percent	Age Group	Frequency	Percent	Cum Percent
21-30	40	19.4	19.4	21-30	35	18.5	18.5
31-40	73	35.4	54.9	31-40	66	34.9	53.4
41-50	67	32.5	87.4	41-50	51	27.0	80.4
51-60	21	10.2	97.6	51-60	24	12.7	93.1
61-	5	2.4	100.0	61-	11	5.8	98.9
				Refused	2	1.1	100.0
Total	206	100.0		Total	189	100.0	
Valid cases	206			Valid cases	189		

Chi square tests for samples of respondents & non respondents were completed. The tests were restricted to face-face, new cases because this was the main area of interest in the study<sup>5</sup>. The author believed that by comparing this group, anomalies relating to telephone and ongoing contact could be ruled out. The results are shown in table 4 below. There would seem to be no significant differences between the two samples for age at p=0.05.

<sup>5</sup> Similar results were obtained from the whole sample but a decision to rule out telephone & ongoing work had been taken prior to analysis, since it was suspected that there may be differences in such work which might confound the data.



**Table 4** Number of respondents and non-respondents in each category of age together with expected values

AGE	RESPONDENT		NON-RESPONDENT		Row Total	Percent
	Actual	Expected	Actual	Expected		
21-30	40	39.1	35	35.9	75	19.0
31-40	73	72.5	66	66.5	139	35.2
41-50	67	61.5	51	56.5	118	29.9
51-60	21	23.5	24	21.5	45	11.4
61-	5	8.3	11	7.7	16	4.1
Not Answered	0	1.0	2	1.0	2	0.5
Column Total	206		189		395	
Percent	52.2		47.8			100.0

Chi-Square	Value	DF	Significance
Pearson	6.58590	5	.25330
Likelihood Ratio	7.40925	5	.19194
Mantel-Haenszel test for linear association	2.24087	1	.13440
Minimum Expected Frequency 0.957			
Cells with Expected Frequency < 5 2 OF 12 ( 16.7%)			
Number of Missing Observations: 0			

**Grade**

Grade showed significant differences between respondents and non-respondents. Table 5, below, shows collapsed data since there were insufficient numbers in over 20% of cells in the original matrix for  $\chi^2$  to be effective. The data were collapsed to 'Engineering, technical & manual' as one group, 'Clerical, computing & allied office' as the second and 'Managerial' as the third. A fourth group was also created which consisted of 'Pensioner', 'Dependent', 'Non-employee' and 'Other'.

**Table 5** Collapsed grades by respondent and non-respondent for new, face to face cases

	RESPONDENT		NON-RESPONDENT		Row Total	Percent
	Actual	expected	Actual	expected		
Engineering, technical & manual	83	93	95	85	178	45.1
Clerical, computing & Allied Office	72	62	47	57	119	30.1
Managerial	37	29	18	26	55	13.9
Other	14	22	29	21	43	10.9
Column Total	206		189		395	
Percent	52.2		47.8			100.0
Chi-Square	Value	DF	Significance			
Pearson	17.15742	3	.00066			
Likelihood Ratio	17.41422	3	.00058			
Mantel-Haenszel test for linear association	.01673	1	.89710			
Minimum Expected Frequency	20.575	Number of Missing Observations: 0				



Further inspection revealed that there were more non-respondents amongst the engineering technical grades, non-employees and pensioners.(Table 6, below) Of the employees groups, an experienced manager would have probably predicted such a pattern since completing the form is, essentially, a clerical task and the pattern has been found before in surveys within this particular organisation.

**Table 6 Breakdown of client grade by respondents and non-respondents for new face to face cases**

	RESPONDENT'S GRADE				NON-RESPONDENTS GRADE		
	Frequency	Percent	Cum Percent		Frequency	Percent	Cum Percent
Engineering Technical	82	39.8	39.8		92	48.7	48.7
Clerical	61	29.6	69.4		36	19.0	67.7
Manager Grades 1-4	32	15.5	85.0		16	8.5	76.2
Personal Contractor	2	1.0	85.9		1	.5	76.7
Senior Manager	1	.5	86.4		0	0	76.7
Motor Transport	1	.5	86.9		3	1.6	78.3
Retail Manager	2	1.0	87.9		1	.5	78.8
Retail (Non-Manager)	5	2.4	90.3		5	2.6	81.5
Operator	6	2.9	93.2		6	3.2	84.7
Non-employee	1	.5	93.7		4	2.1	86.8
Pensioner	7	3.4	97.1		12	6.3	93.1
Dependent	0	0	97.1		10	5.3	98.4
Other	6	2.9	100.0		3	1.6	100.00
Total	206	100.0			189	100.0	
Valid cases 206				Valid cases 189			

### Gender

The  $\chi^2$  test revealed no significant differences between respondents and non-respondents with respect to gender. (Table 7, below)

**Table 7 Client gender by respondent and non-respondent for new, face to face cases**

GENDER	RESPONDENT		NON-RESPONDENT		Row Total	Percent
	Actual	expected	Actual	expected		
Male	137	134	120	123	257	65.1
Female	69	72	69	66	138	34.9
Column Total	206		189		395	
Percent	52.2		47.8			100.0

Chi-Square	Value	DF	Significance
Pearson	.39360	1	.53041
Continuity Correction	.27221	1	.60185
Likelihood Ratio	.39346	1	.53048
Mantel-Haenszel test for linear association	.39260	1	.53094

Minimum Expected Frequency - 66.030

Number of Missing Observations: 0



**Benefit from counselling**

Table 8, below, shows the results from the counsellor forms on ‘The client benefited from seeing me’. There appear to be no significant differences between the samples on this variable. Analysis was restricted to ‘New’, ‘Face to face’ cases where the counsellor had answered on the 7-point scale. (8 cases were excluded because the responses to the question lay outside the scale - Seven counsellors failed to mark the form and one individual responded with ‘Don’t know’)

**Table 8 ‘t test’ for differences between means between respondents & non-respondents for counsellor variable ‘The client benefited from counselling’**

Variable	Number of Cases	Mean	SD	SE of Mean	
<b>CLIENT BENEFITED</b>					
Non-Respondents	184	2.6359	0.931	0.069	
Respondents	203	2.4975	0.727	0.051	
Mean Difference = - 0.1383					
Levene's Test for Equality of Variances: F= 5.699      P= .017					
t-test for Equality of Means					
Variances	t-value	df	2-Tail Sig	SE of Diff	95% CI for Diff
Equal	-1.64	385	.102	.085	(-.305, .028)
Unequal	1.76	348.08	.107	.086	(-.307, .030)

**3. Was there sufficient variation in client and counsellor use of the 7 point scale?**  
Whilst many of the answers were still skewed toward the positive end of the response scales, the introduction of the seven point scale created more differentiation in answers than did the five point scale. For example, Table 9, below shows the spread of answers from the client database for the variable ‘I feel that I benefited from counselling’. All parts of the scale were used apart from 7 (‘Strongly disagree’), 8 (‘Don’t Know’) and 9 (‘Not applicable’). Four clients failed to complete the question. Results from the earlier pilot studies were roughly equivalent to collapsing the table to five points with 1 & 2 combined and 6 & 7 combined.

Other questions, for example the impact of the problem on work and home lives, showed a greater spread across the scale. Overall, it was considered that the move to seven point scales had been successful, since, although the existing data could be collapsed, it would not have been possible to expand the previously used five point scales.

**Table 9 Frequency distribution for the client variable: “I feel that I benefited from counselling”**

	Frequency	Percent	Cum Percent
Strongly Agree (1)	125	42.5	42.5
(2)	103	35.0	77.6
(3)	42	14.3	91.8
Neutral (4)	18	6.1	98.0
(5)	1	0.3	98.3
(6)	1	0.3	98.6
Strongly disagree (7)	0	0	98.6
Missing data (9)	4	1.4	100.0

(Whilst this table shows coding for ‘Missing data’ (9), all answers coded as 8 (‘Don’t Know’), 9 (‘Missing data’) or 0 (‘Not applicable’) were excluded in subsequent analyses)



#### **4. What changes in layout or question routing were necessary to overcome problems?**

Several questions regarding the administration of the counselling service were refined in the survey, following data gathered in the earlier pilot studies. The question on whether they had contacted the counsellor direct or via the call reception unit was expanded to include the category 'via a third party' (since it had emerged in the third pilot that individuals were still answering questions which did not apply and that people were 'second guessing' some questions where someone had contacted the unit on their behalf).

The earlier problems noted with the question on judgmentality was rephrased to 'My counsellor accepted me as I am' on the client form and 'I found it hard to accept the client' on the counsellor form. Whilst the questions are still not necessarily asking about the same construct (albeit reversed), it was felt that this arrangement was more likely to gain appropriate data from each party. Counsellors might be more likely to agree with 'finding it hard to accept a client' and this was closer to the client's question than 'My counsellor did not judge me'.

Some counsellors involved in the third pilot study had raised questions about whether they could use the forms for telephone counselling. Others asked if they could give forms to ongoing clients to get feedback for themselves on these cases. This occurrence in the earlier pilot had caused some difficulty in retrospectively classifying the data. Therefore two additional questions were included relating to the nature of the contact -Whether an initial contact or ongoing and whether face to face or via the telephone. This was necessary to separate out the possible confounding effects of telephone work and ongoing cases from the sample of new casework. Whilst these had been included in the third pilot, they were both done as an afterthought rather than as a formal component of the form.

The other main change related to the move to a folded A3 format which gave each form four A4 sides. This achieved an increase in the space for counsellor notes and enabled the incorporation of the covering letter and 'consent' tick-box onto the front of the client form. (See appendix 7)

Guidance notes were issued to counsellors, encouraging them to give out forms on counselling sessions regardless of case type but with the option of not giving forms, where, in their professional opinion, this would be detrimental to the client. Additional guidance was also given on moving the notes on the form from content to process. This formed the subject of sessions at development meetings and is discussed in more detail in a later chapter. However, it was not strongly pushed at this stage because it was felt important to establish the generalities of the process before trying to make it more complex.

The main 'routing' issues were on the client form, although additional 'not applicable' boxes were also added on the counsellor form. There were several wording changes on the counsellor form to take into account the possibilities of telephone contact rather than face to face. (For example, question 21 on the client



form had read: 'I have seen this client on this issue: [x times]' was reworded to 'I have spoken to this client on this issue: [x times]').

On the counsellor form, question 22 ('The client has made another appointment' Yes/No) was re-worded to include a 'Don't Know' category and routing information to ensure respondents went to the correct follow-up question. Groups on grade and problem type were expanded and several other minor wording changes were included to take account of issues arising from the earlier pilot studies. The majority of these related to telephone counselling and were often quite subtle. For example, question 18 on the counsellor form had previously read: 'This client has benefited from seeing me'. Clearly, the majority of cases fitted into this wording but those that had taken place by telephone [and one which had involved a blind client] were not encompassed by the question wording. This was changed to: 'The client has benefited from talking to me' and although this still would not encompass the deaf-mute (which has arisen several times in the author's experience), it is probably impossible to account for every variation without becoming somewhat vague (or paranoid). For example, it would have been possible to say: 'The client benefited from counselling' but this would not cover cases where advice or guidance was given. Similarly, it would have been possible to say, 'The client benefited from our contact', but some respondents may have not understood what the term 'contact' meant. The author's experiences with several blind clients had led to the view that the original question was not offensive to the blind but several counsellors had raised the issue and in order to ensure their co-operation it was important that such changes were included. Thus, even though the original question was probably effective without amendments, changes were made to try to make some counsellors feel that they were a part of the survey and not just instruments of it.

In the third pilot, the client form had an instruction, intended to get the counsellor to complete the case number before handing it to the client. This had been read by some counsellors as meaning that the form was to be completed by them, resulting in the early stages of pilot 3 with counsellors completing client forms and no counsellor forms completed. (These were excluded from the analyses above). The moral of this is perhaps that although a process might be crystal clear to the researcher, there is little chance of the subjects having the same view. This may reinforce Kelly's view of personal constructs or it may be just the case that however well a questionnaire is set out, some people will not follow it. In this particular case, once the nature of the problem had been pointed out, it was clear that the design of the top of the forms was at fault, rather than the respondents. The layout was therefore changed.

The similarity of answers between client and counsellor forms on grade, age, gender and division led to the view that these issues could be asked for on the counsellor form alone. Division was retained on the client form as a check of correspondence. Other changes to the client form were similar to those on the counsellor form, detailed above.

With each change in question or coding, the computer programmes holding the databases for client and counsellor had to be re-written. Although the early inputting



With each change in question or coding, the computer programmes holding the databases for client and counsellor had to be re-written. Although the early inputting had been completed by the author, the final version was expected to involve a large number of cases and because the company stood to gain from the process it was possible to negotiate the help of a part-time typist to input the forms. Unfortunately, the typist was located some 100 miles distant from the author and so any computer programme amendments needed to be clearly documented, explained in depth by telephone or involved a visit. As discussed below, what started as a fairly simple computer programme rapidly expanded to a point where a very minor change in programming involved fairly large amounts of work.

### **The Final Version**

As far as BT senior managers were concerned, they expected the new management changes and the casework management approach to be introduced in their final form at the same time. (Jan. '96) Their intention was to review the changes after around 6 months of operation. If the changes had been judged to be successful, the unit would retain its new structure. If they had been judged to be unsuccessful, the unit would have reverted to a hierarchical management approach. Mainly because the questionnaire return envelopes for clients were not available until February 1996, the management changes were phased in between January and the end of February, the final version launched at the end of February and the formal review was also deferred until October 1996.

Organisational issues relating to resourcing of both the counsellors and the specialists resulted in individuals completing forms but virtually no feedback was given to counsellors until May 1996. The main data gathering exercise took place between February and October 1996 and incorporated a number of other changes which had been suggested in the previous pilot studies.

### **The development and evolution of the computer based casework management system**

Although comparison of the paper-based questionnaires would have allowed managers to examine differences in perception in individual cases, the two forms were different in layout and this would have therefore been a demanding task visually, particularly given the expected volume of casework in the organisation. Additionally, the management of an organisational counselling or support scheme involves collating large amounts of data on case-type, origin and so on in order to ensure that the unit is effectively resourced and trained. In an increasingly competitive field, the EAP provider is also expected to yield some data for the organisation that can be used proactively and some that can (arguably) be used to justify its existence.

Therefore, since data were to be collected for the study itself, it was a logical step to combine some of the features needed for general management with those required for the study. Whilst the non-specialist aspects of the scheme relating to the report generation etc. were not introduced until about nine months into the study, the early decision to provide the specialist managers with systems where client and counsellor







Figure 3, above, shows that the process starts with the completion of questionnaires by both client and counsellor at the end of the first counselling session. These forms are returned to a dedicated clerical support, who inputs them onto the computer system. The computer system stores all these forms, together with each counsellor's training history, their location details and so forth.

The author believed that the sheer volume of cases being dealt with would mean that the specialist managers would not be able to examine every case. Therefore, a system was developed which would highlight cases where there was a discrepancy in responses between the client and counsellor questionnaires ('Exception Reports' in Figure 3). Initially, this was set at a two point difference between responses on the seven point scales. Reports were built into the system that generated lists of cases for the counsellors of each specialist where such discrepancies had occurred. In order to enable specialists to look at other cases, a facility to random access cases was also developed ('Random Samples' in Figure 3). Whilst these aspects took a considerable amount of time to develop, the actual volume of cases meant that specialists were, in fact, able to examine each pair of questionnaires on the system and so this element of the scheme was rarely used in practice.

The key element of the scheme is shown in figure 3 as 'Casework Discussion'. It was expected that this would initially be started by the specialist contacting the counsellor to discuss the case or cases that had been examined. The longer-term aim was that the counsellors would also initiate discussion on their casework. The author believed that through such discussions, development potential would be maximised and the rest of the system; questionnaires, computer and so forth were there largely to serve this purpose.

However, as mentioned above, the data stored on the computer could also be used at the service of the organisation in order to generate information that could be used in discussions with internal customers to highlight trends and to provide general statistical information. When the organisation began to see the potential, the author was faced with a dilemma which, at first, seemed impossible to resolve; The organisation wanted detail of casework (which managers felt was their right) and yet confidentiality dictated that there was no way that non-specialists could have access to the raw data. The solution was found by using report generation facilities in the database programmes that produced summary information on a restricted number of the database fields. This gave the managers of the unit the information they needed without giving them access to the detail they had originally wanted and thus protected the confidentiality of clients, counsellors and indeed the development specialists, whose notes relating to particular cases were also stored on the system. However, the story did not end there.

One area where senior managers wanted data early in the scheme's existence related to the 'take-up' rates within the different company divisions and within different age and gender groupings. Whilst the raw data were available on the system, because the main interest of the study was not the relative take-up rates, some additional work was involved in generating data in a form acceptable to the senior managers



concerned. Whilst several initial versions included statistics showing the significance or otherwise of the results, these were not wanted by the managers. After the third pilot, agreement was reached on the format required and an example of this is shown in table 10, below. Several other charts were produced showing the breakdown by company divisions, problem type and age and gender in various combinations.

Whilst this work was not strictly planned as part of the study, it is included to illustrate some of the demands that can be placed on the researcher working in an organisational context in which he or she is also employed. There is likely to be an assumption on the part of the host organisation that implicitly or explicitly says 'In return for the data we're letting you gather, we also want something'. As was indicated above, such pressures often test the researcher's ability to resist attempts to breach confidentiality and ultimately the host organisation can prevent the work continuing, so although not part of the study, per se, such work is almost inevitable.

Table 10, below, shows data on respondents and non-respondents by age and gender together with comparable data from the company's age and gender profiles. The age/gender/division profiles were supplied on a monthly basis to the author by the company's statistical unit. The rest of the data were extracted from the third pilot study and represent only those cases relating to employees of the company. (i.e. pensioners, dependants and non-employees were excluded from the analysis).

There were differences between the expected and actual number of cases for both gender and age ( $\chi^2$  tests on age and gender produced significant results at  $p < 0.05$  (& even at  $p < 0.0001$ ) but both were readily explicable. Regarding age profiles, it is likely that those people in the 41-50 age groups are more settled in both career and home lives (hence the lower take-up in this group) Secondly, the company downsizing had caused higher than average retirement work in the period concerned and so there were more cases than expected in the 51-60 age group.

The differences between actual cases and expected numbers based on the company profile for gender may indicate that women are more willing to discuss their problems than men.



**TABLE 10**  
**Staff Employed in ET compared with Casework Management output(employee data) from 1 November 1995 to 26 January 1996**

Actual Age	Gender Male	Gender Female	Total	Actual Age Percent	Actual No. Cases	Actual Percent Cases	Expected number Cases	Actual No Client responses	Expected No Client responses	Actual Non Response from clients	Expected Non Response From clients
16-21	393	494	887	1	0	0	3	0	0	0	0
22-30	13479	9211	22690	18	84	19	81	44	45	40	39
31-40	35375	11845	47220	38	163	36	169	90	89	73	75
41-50	38056	7610	45666	36	145	32	163	78	78	67	67
51-60	6987	2328	9315	7	58	13	34	31	31	27	26
Total	94290	31488	125778	100	450	100	450	243	243	207	207
Percent	75	25	100								
Number Cases	298	152	450								
Percent Cases	66	34	100								
Expected No Cases	337	113	450								
Actual No Client Responses	158	85	243								
Percent	65	35	100								
Expected No client Responses	161	82	243								
Non Response From Clients Actual	140	67	207								
Percent	68	32	100								
Non response from client expected	137	70	207								

Key:

- Data on Age / Gender distribution within company
- Cases completed by Counsellors (i.e. Total Responses)
- Cases returned by Clients
- Cases not returned by Clients

The production of these tables led to further work as managers required explanations for what they saw as anomalies in the data. These were often not statistically significant but still involved considerable work.

As a result of an initiative in the company to bring in ‘customer satisfaction’ surveys across the whole of personnel, changes were made to the computer programmes to enable managers to produce their own data. This was primarily to distance the survey from the generation of such information, since what had started as pure research seemed to be rapidly turning into consultancy work. However, because confidentiality was at stake, any requests for detail, for example on why there had been an increase in negative responses in a particular month, fell at the researcher’s door. Whilst such issues were seen negatively by the author at the time, they, in effect, resulted in ‘permission’ to do almost full time work on the project and areas peripheral to it. Fortunately, the consequent developments in the computer systems eventually



lowered the level of 'extraneous' requests for data and allowed the researcher to largely withdraw from the consultancy role.

So, by the time the main survey was underway the computer systems had undergone a number of changes and enhancements. Figure 4, below shows the input programme main menu choices (in blue) and some of the hidden data-cleanse operations (shown in black under menu choices on the diagram). The data cleanse operations were built into the programme as a result of examining inputting problems that arose in the third pilot study and the first few months of the main study. For some reason, the typist responsible for inputting the data included a blank record every time she saved the data. The routine developed removed these from the data copied to floppy disc and recoded alphanumeric data into numeric data which was required for the report generation facilities on the managers and specialists' systems, as well as for processing in SPSS by the researcher. Additionally, blank fields were recoded to '9' (missing data) to ease processing in SPSS. The 'reindex' functions shown below the 'delete data' options were included to ensure that the database indexes did not become corrupt. The facility to back-up data to floppy disc was also built in to the system to ensure that hardware problems would not result in loss of data.

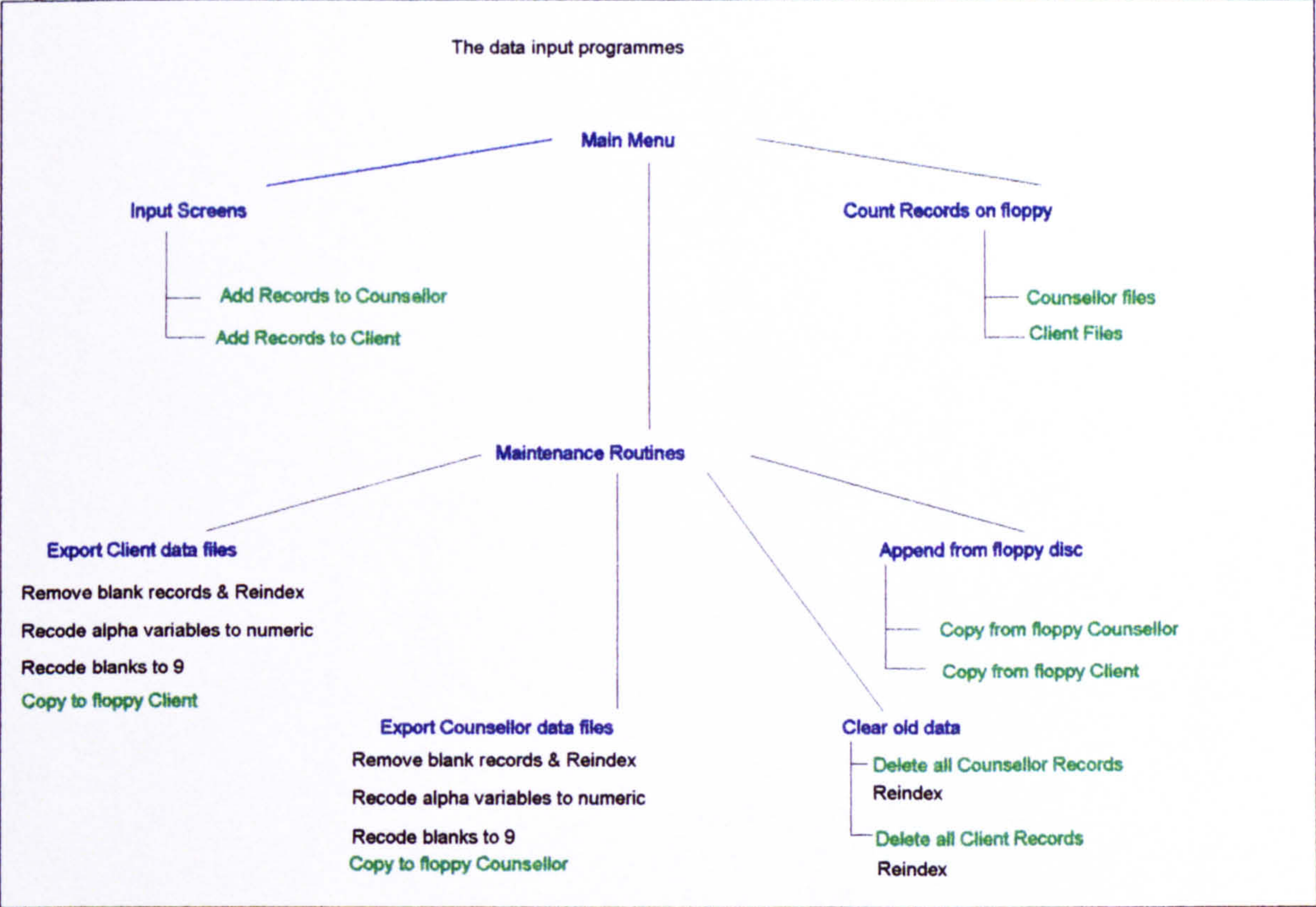
Although it had originally been intended to keep all data on the typist's computer, the errors apparent in the third pilot data and a break-in at the offices where she was based led to a re-think. Additionally, there is a limit to how much data could be stored on a single floppy disc and because the counsellor & client comments take up significant amounts of disc space, the author was concerned that it would be impossible to store more than around 6 months data on a single disc.

Therefore, the data input programmes were re-designed to enable the inputting of a single week's data, which was then copied to floppy disc and sent to the specialist managers, whose systems were also amended to allow them to append the new records to the end of their existing files.

The typist also had data input programmes and reporting facilities for the counsellor location matrices. These took a similar form to that shown in figure 4 and are, therefore, not described here.

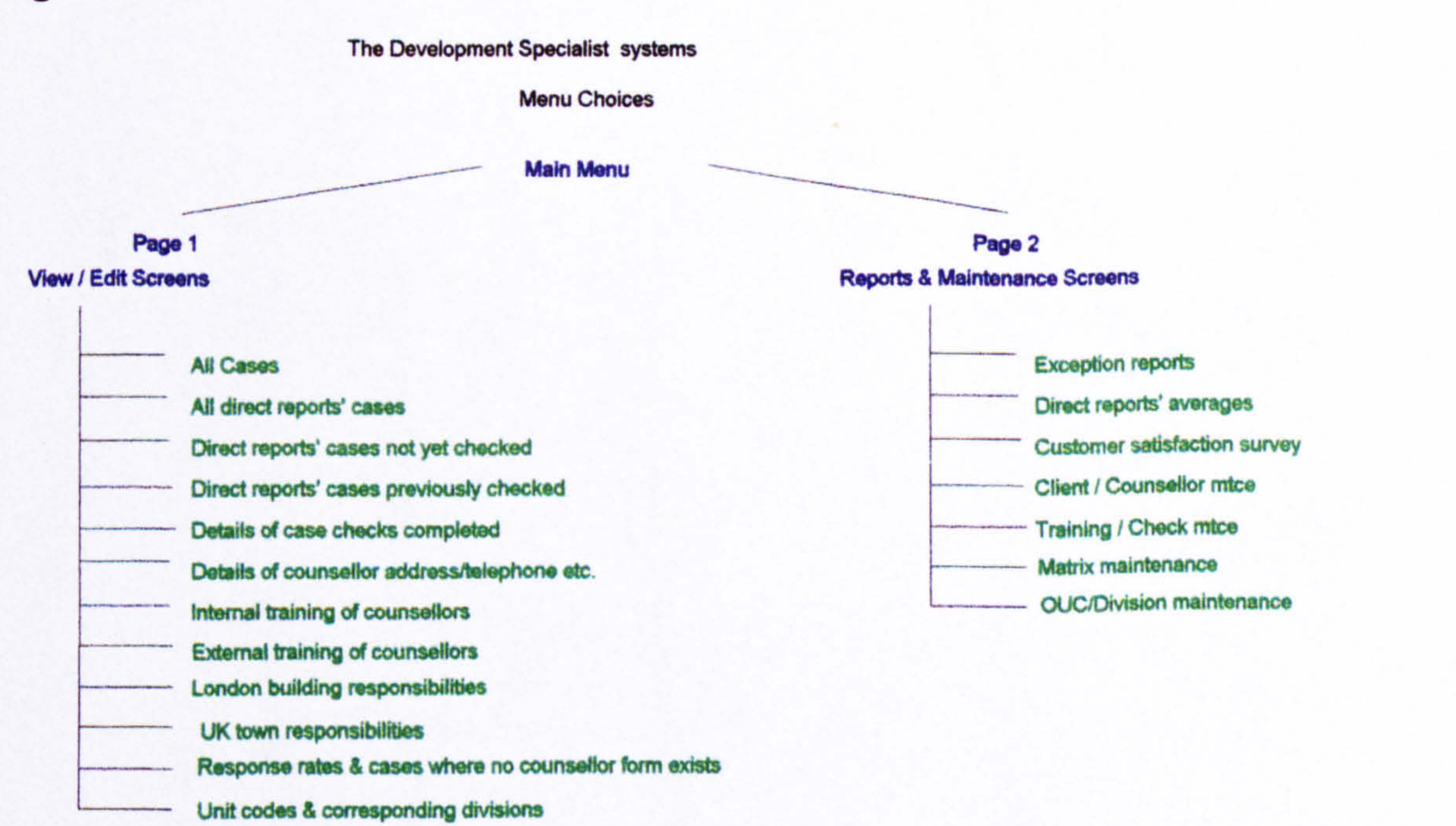


Figure 4



The development specialists' systems were the most complex of all the programmes developed. These not only required the client and counsellor data to be presented in a form which facilitated rapid scanning of an individual counsellor's casework but also involved a large number of reports and data-queries which enabled the display of relevant individual and group information. Figure 5, below shows a schematic diagram of the main menu from a development specialists system.

Figure 5



Each menu choice directed the user to further menus or to database screens, most of which had further sub-menus or sub-screens.



Figures 6, 7 and 8, below, expand the ‘reports and maintenance’ options above to show the available user functions

Figure 6

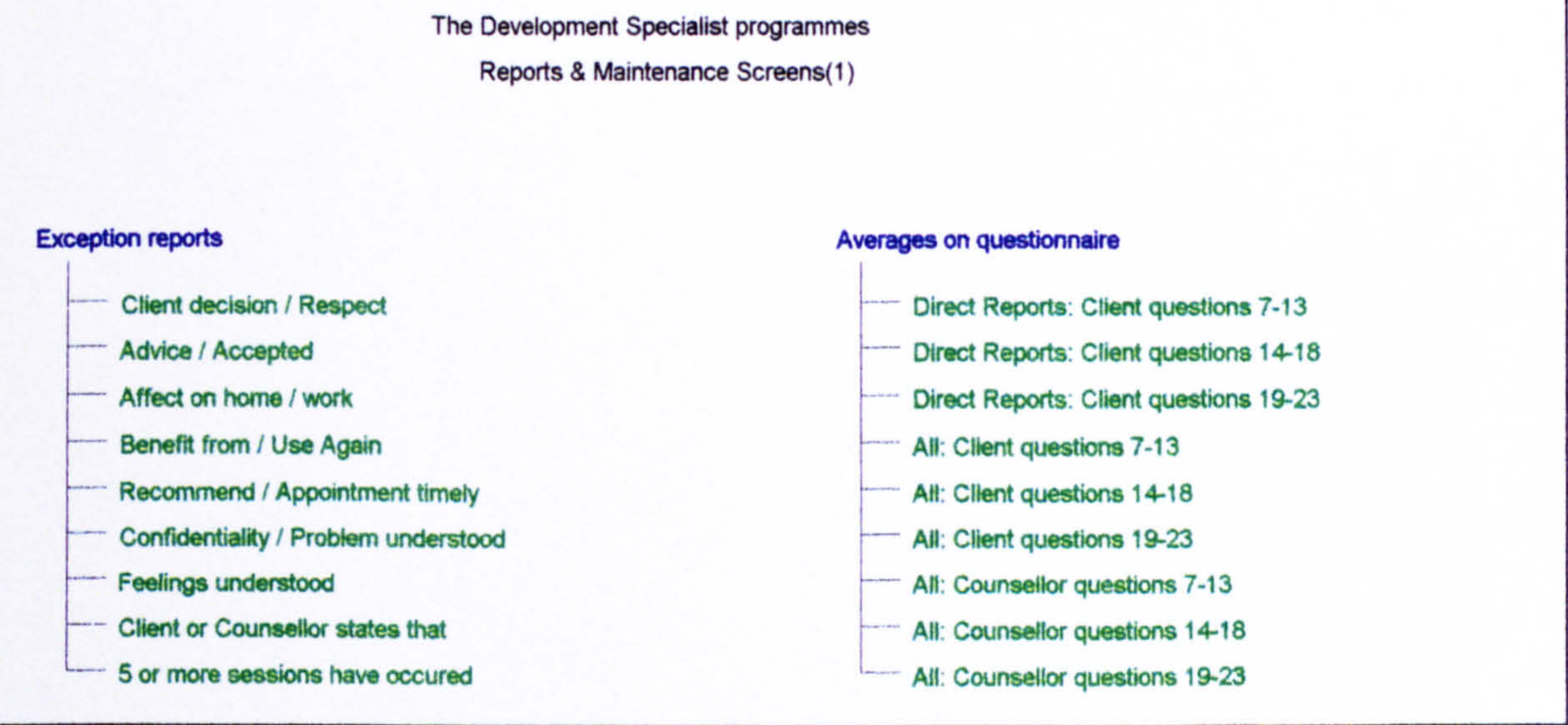


Figure 7

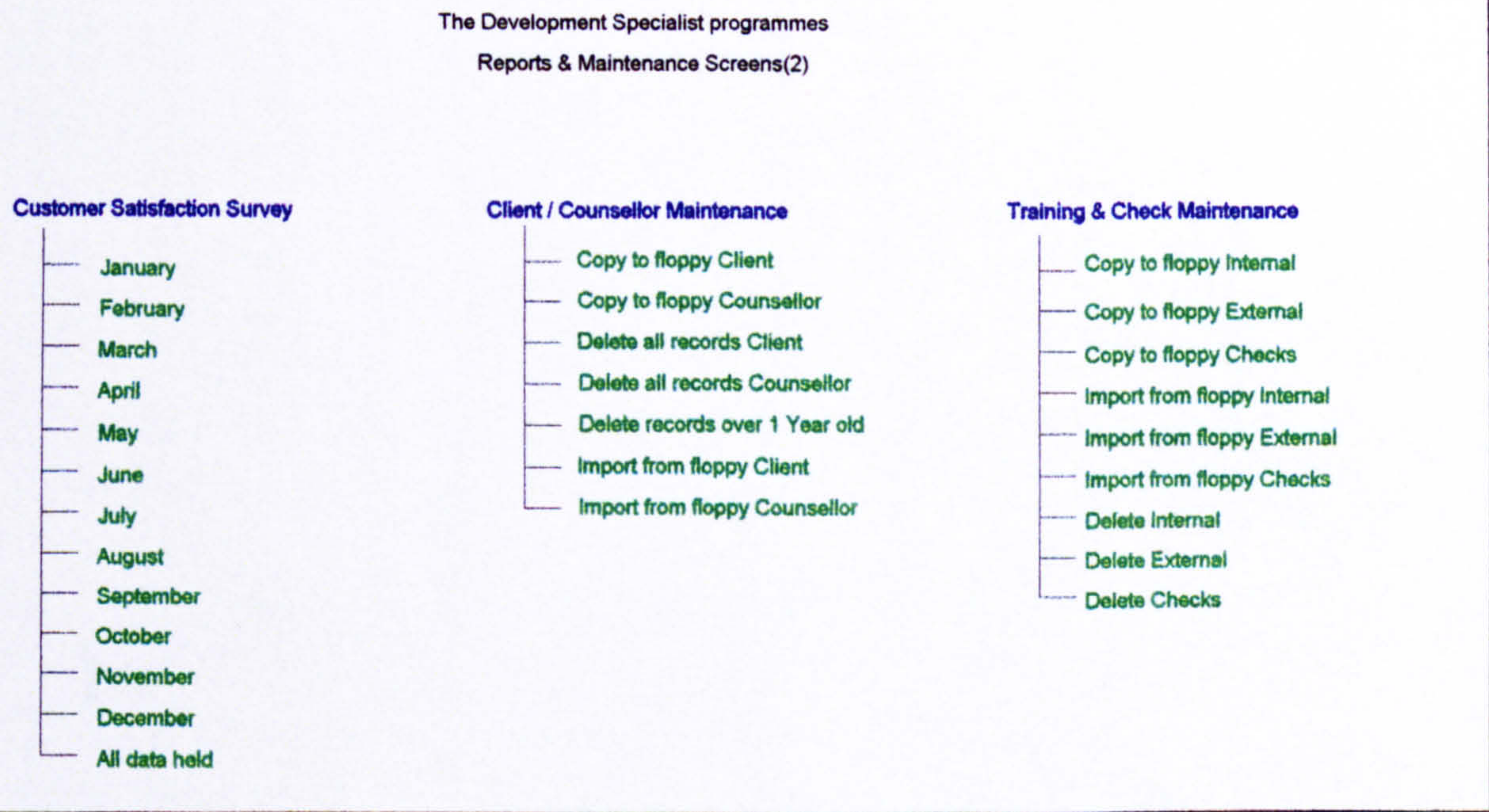
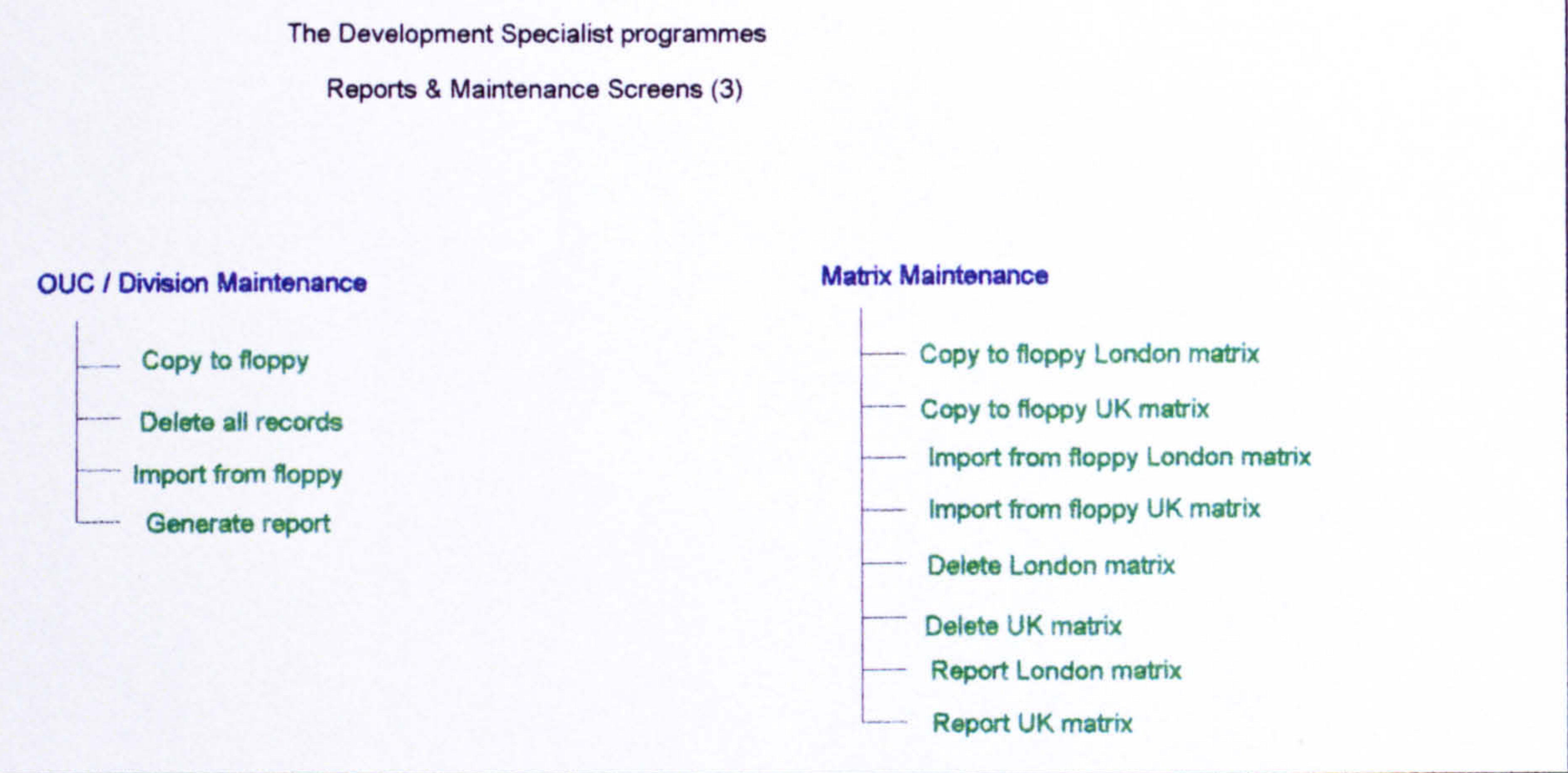


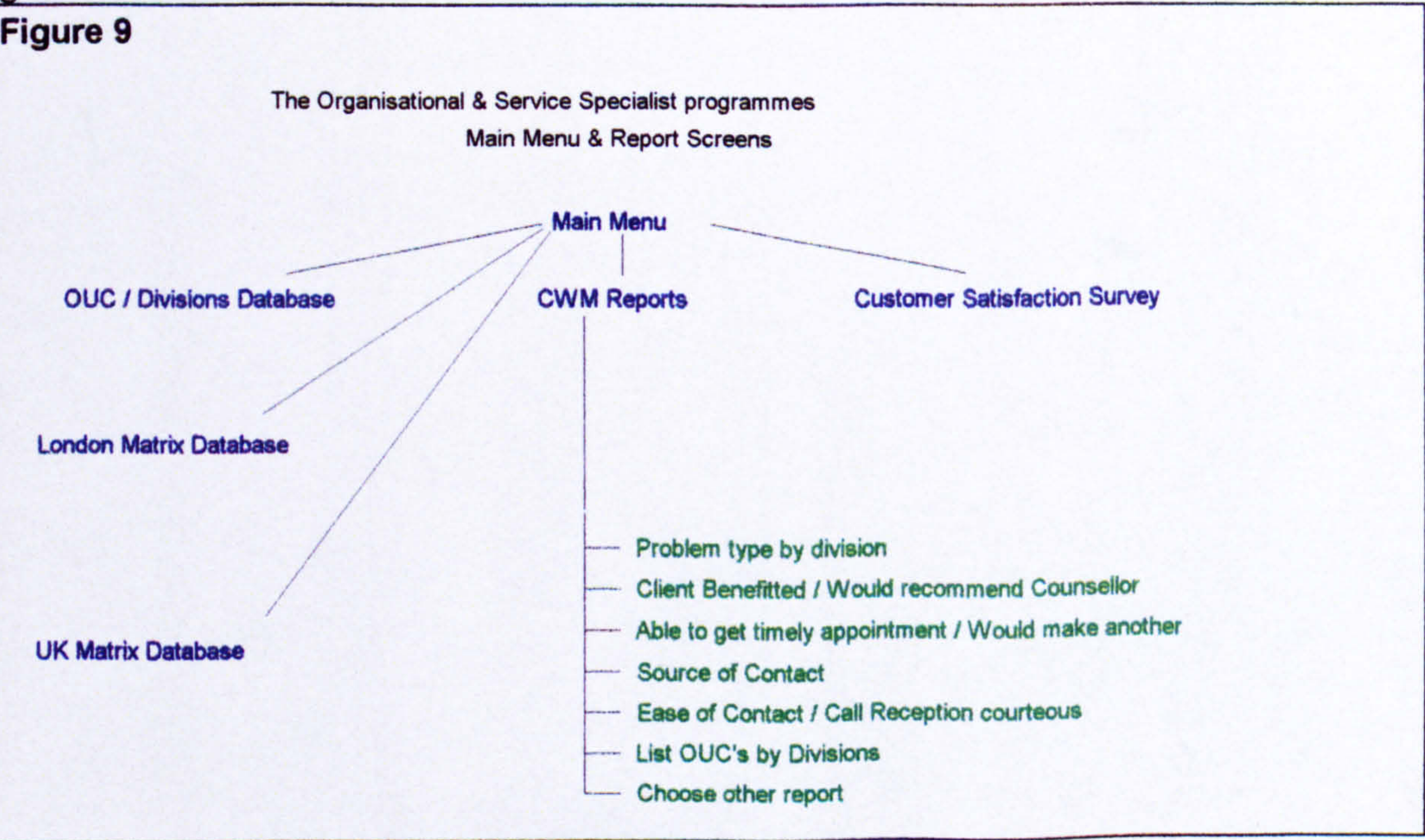


Figure 8



The non-development specialist managers' system is shown schematically in figure 9, below. The system allowed access to the various location matrices, divisional information and maintenance functions that were similar to those held by the development specialists. However, it did not allow access to the individual client or counsellor data. Nor did it allow access to the case check notes made by the development specialists. It did provide access to a wide range of reporting functions which generated the type of information which was necessary for them to engage in discussions with the company's divisional representatives and to generate data useful in managing counsellor's workloads and locations.

The 'OUC/divisions' option displayed the full title of the company division to which a particular unit code belongs. This was useful because the codes did not identify a particular division on their own. As discussed above, the system also allowed the generation of customer satisfaction data.





## **Discussion**

In this chapter the development of questionnaires through the pilot studies has been described. The evolution of the computer programme, which underpins the study, has been briefly outlined and some of the problems encountered, in what might be described as preparation for the main body of work, have been discussed. The chapter's main purpose was to provide the rationale behind the instrument development, to describe the computer-based management model, to deal with the issue of organisational feedback and to highlight some of the operational difficulties encountered.

Generating what at first seemed to be a relatively straightforward pair of mirrored instruments, proved to be fraught with potential pitfalls. Even with considerable knowledge of the organisation's grade structure, the author omitted several grade groups. Even with many years experience of dealing with clients, several problem types had been missing from the early pilot stages. Question wording, questionnaire layout and seemingly straightforward questions such as whether the enquiry had come direct or via the call reception unit all needed to be modified through the pilot stages and reinforced the importance of adequate piloting even in subject areas familiar to the researcher.

The purest of motives may be misunderstood in the organisational environment and the suspicion generated by the research in the early stages within counsellors emphasised the need to take into consideration the organisational culture and history. If the subjects of research believe that there is a hidden agenda, then the results are not likely to be accurate and the site of research is likely to be damaged inadvertently through the process of being studied. The need for openness, congruence and explanation of rationale together with patience in allowing the research site time to settle down *and* time to believe that the stated aims are indeed the truth cannot be overemphasised.

The generation and development of the computer system also involved considerable amounts of work and re-work before the final version emerged. It too, was affected by demands outside of the research such as the need to incorporate some customer survey questions for the organisation. Whilst the purist might argue that such issues could be construed as 'consultancy' and therefore not part of research, the applied researcher has no real choice but to deal with such issues. Their impact on the research inevitably involves something of a cost-benefit analysis by the researcher and in this case something of a trade-off. Had the researcher insisted that the research instruments should not be contaminated by including the additional customer satisfaction questions, the organisation would have introduced another questionnaire for clients and there would have almost certainly been a reduction in response rates to both surveys. However, including questions about the call reception unit and problems therein, increased the length of the questionnaire and complicated the routing of questions unnecessarily. The key issue must be to retain a balance, protecting the purity of the research on the one hand whilst remaining pragmatically centred in the real world on the other.



## **Chapter 3**

### **Employee Counselling in Industry**

#### **Introduction**

Previous chapters have described some of the relevant research and the development of the measures used in this study. In this section, the first main study will be described and analysed.

Data collection began in late February 1996 and ran until the end of October 1996. In all, 1107 cases were recorded, from which 694 questionnaires were returned from clients, representing a return rate of 62.69%, which is very good for what was, essentially, a postal survey. Forty-six counsellors returned some 1060 forms, which gave a 95.75% return. There were 647 cases where both forms were returned, which meant that matching data for both client and counsellor was available from 58.45% of the total cases sampled.

In Chapter 2, results from the final pilot study were presented and it was stated that the main interest of the study was in 'New', 'Face to face' casework. Data had additionally been collected on 'Telephone' and 'Ongoing' casework<sup>1</sup>, largely in response to counsellors' requests to include such data for their own benefit. Whilst collection of data was continued in the main study, this was principally to ensure that 'Telephone' and 'Ongoing' work could be identified and excluded from the main analysis on 'new', 'face to face' cases. When the sample was restricted to only 'new', 'face to face' cases, there were 524 cases where both forms were returned. When new, face to face cases were restricted to those company divisions from which biographical data were available, there were 722 cases in total and 457 cases where both questionnaires had been returned.

It was suggested in Chapter 1 (p.15) that one of the reasons that previous outcome research had produced 'successful' results might be because non-respondents were more likely than respondents to be unhappy with a service; an unhappy client is less likely to do something 'for' the counsellor and hence it might be argued that the bulk of those returning forms may represent the bulk of those clients who were happiest with the service. Therefore, this chapter will provide a description of the data and the analysis of differences between respondents and non-respondents on a number of variables.

Counsellor data contained information about both responding and non-responding clients and this was, therefore, examined to look for any biographical differences between the two groups. Non-respondents, if dissatisfied with a service, may well hold the key to improving it. Ideally, non-respondents would have been individually

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<sup>1</sup> Telephone clients were asked if they would participate in a customer satisfaction survey and if so, were asked for their address. The form and a S.A.E. were posted to those who agreed to participate.



followed-up and interviewed but this was not felt to be ethically acceptable. Nor would it have been permitted in the site of the research.

The chapter concludes with a discussion of the results and consideration of the relationship between process note recording and client perception of first session outcome in the study. In Chapter 2 (p.53-54), it was stated that a key driver of the study was to produce a system whereby counsellors might be encouraged to engage in reflective practice. Chapter 1 (pp.22-39) described a range of developmental maps that have been produced to delineate progression from novice to expert but which, on the whole, fail to describe how the counsellor might move to a higher position on the developmental ladder. Whilst there is no definitive map, nor any truly operational definition of 'development', self awareness and reflection on practice leading to corrective feedback do seem, albeit intuitively, to be useful areas for scrutiny.

The starting point for the belief that reflection might lead to growth probably lies in the Socratic tradition whereby questions were directed to help an individual to improve their ability to process and to answer complex issues:

“... Socrates taught that every person has full knowledge of ultimate truth contained within the soul and needs only to be spurred to conscious reflection in order to become aware of it. In Plato's dialogue ‘Meno’, for example, Socrates guides an untutored slave to the formulation of the Pythagorean theorem, thus demonstrating that such knowledge is innate in the soul, rather than learned from experience. The philosopher's task, Socrates believed, was to provoke people into thinking for themselves, rather than to teach them anything they did not already know. His contribution to the history of thought was not a systematic doctrine but a method of thinking and a way of life. He stressed the need for analytical examination of the grounds of one's beliefs, for clear definitions of basic concepts, and a rational and critical approach to ethical problems...” (“Philosophy, Western,” Microsoft (R) Encarta. Copyright (c) 1994 Microsoft Corporation. Copyright (c) 1994 Funk & Wagnall's

The early structuralists such as Wundt<sup>2</sup> used introspection in order to try to help subjects in their experiments to recall events. Audio recordings were used from the 1940's onwards (Covner, 1942; Rogers, 1942) and close circuit television was used

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<sup>2</sup> Wundt, Wilhelm Max (1832-1920), German psychologist, generally recognized as the founder of scientific psychology as an independent discipline. He was born in Neckarau (now part of Mannheim), and educated at the universities of Tübingen and Heidelberg and the Institute of Physiology in Berlin. After teaching physiology at the University of Heidelberg (1858-74), he taught inductive philosophy at the University of Zürich (1874-75). He was professor of philosophy at the University of Leipzig from 1875 to 1917. Wundt offered in 1862 the first academic course in psychology and established the first laboratory for experimental psychology in 1879. He founded the first psychological journal, *Philosophische Studien* (Studies in Philosophy), in 1881. Wundt promoted what is known as structuralist or content psychology, emphasizing observations of the conscious mind rather than inference. Wundt also carried out extensive experimental research on perception, feeling, and apperception. His more than 500 published works include *Principles of Physiological Psychology* (2 vol., 1873-74; trans. 1904) and the monumental work *Elements of Folk Psychology* (10 vol., 1900-20; trans. 1916). He also wrote *Logik* (1880), *Ethik* (1886), and *System der Philosophie* (1889). (From: "Wundt, Wilhelm Max," Microsoft (R) Encarta. Copyright (c) 1994 Microsoft Corporation. Copyright (c) 1994 Funk & Wagnall's Corporation.)



from the 1950's in psychiatric hospitals to allow patients to gain from observing groupwork (Tucker, 1957). The author's own experiences, both introspected and through training a range of counsellors from novice to those with around twenty years experience had also given much anecdotal evidence to the proposition that encouraging self awareness and reflection are effective means of helping counsellors to become better counsellors. However, the main flaw in this anecdotal evidence, or rather the end result of it, is that 'development', 'better counsellors' or 'improvement' are all ultimately subjective concepts.

At some point it becomes necessary to define these areas operationally. To do so, inevitably links process to outcome - at the end of the day, it is outcome that is important to the consumers of the counselling product. In order to determine 'effective development', 'effective counsellors' or 'effective improvement', of necessity, requires that 'effective' is also defined.

Similarly, any notion of an objective definition of 'effective outcome' is largely defeated by asking the question: 'In who's opinion?' Previous research has used different sources such as the client, the therapist, trained observers, the client's peers or family or some combination of these, sometimes in an effort to triangulate the data. (Lambert & Hill, 1994) Some of the dilemmas & difficulties inherent in the area were discussed on pages 55-56.

As was demonstrated in chapter one, many of the previous outcome studies are flawed, simply because it may be that non-respondents may also be unhappy with the results of counselling. To attempt to define all of these areas as well as providing some of the more prescient requirements of improving individuals, who are currently dealing with clients, is a massive task.

There has been much research into what constitutes 'effective' therapy or counselling and this was referred to in chapter 1 (pp.19-20. See also Lambert, 1982, 1989, 1994 or Barkham, 1996) The author believes that although such issues are crucial, there are enough indicators to demonstrate the importance of some form of working alliance and enough to indicate that 'genuineness', 'non-directiveness' and 'empathic awareness' (as per Rogers, 1957) are some of the necessary conditions for this. It is difficult to imagine how a counsellor can approach genuineness and congruence without them also being self-aware. It is also difficult to understand how an individual might develop the ability to understand the client and some of the processes which occur at an interpersonal level, including what Berne (1964) has described as 'games', without also understanding something of themselves and the counselling process.

Thus the research started without a definitive theory of development or how it might be promoted. It began without a definition of 'effective outcome'. There was a realisation that the very people who might contribute most to the understanding of a means of improving therapy were the non-respondents. However, counsellor training and the practice of counselling are not going to stop until someone comes up with an approach which can meet these not insignificant problems. Counsellor training and counselling practice are occurring all over the world and, for better or worse, there is



no getting away from the fact that they will continue to occur, research or no research. As was indicated above and throughout chapters 1 and 2, the main problem in defining 'effective outcome' and, perhaps to a lesser extent, 'an effective developmental level' is that these concepts are inevitably subjective and so, in this research, 'effective outcome' is ultimately defined as the client's perception of such<sup>3</sup>. 'An effective developmental level' is further considered in the last section of this chapter but for the moment, it may be defined as where an individual is self aware, not limited to one theoretical approach and able to demonstrate a congruent, non-directive process focus in their work. The lack of common definitions should not prevent the pragmatic pursuit of improvement.

### **Aims and objectives**

The main aims of this study are to first test out a number of potentially confounding variables that might be responsible for distortions in this, and other, evaluation surveys. Secondly, the study aims to investigate whether or not some aspects of the relationship are predictive of client benefit. Thirdly, the study aims to evaluate the usefulness of looking at discrepancies between counsellor and client perceptions of the first counselling session and finally, the study aims to examine some aspects of client take-up rates to investigate the possibility of predicting (in this case) a company sub-division take-up and (in general) if take-up is dependent upon age and gender. This is potentially useful information to a counselling provider because if it is possible to predict take-up rates by knowing the age and gender breakdown of the client population, more accurate charges can be established. Normally, charges are raised on either a per session basis and billed in arrears or on a per capita basis and billed before the service is used. Apart from the financial implications, any provider offering services needs to estimate the projected take-up in order to effectively resource the counselling unit. This being said, it is impossible in one survey to definitively state that take-up *is* due to differences in age / gender *requirements* for the service. It could be argued that take-up is specific to the given population surveyed rather than some generalised trends for different age-gender groups who might *want* a service. However, if other surveys in the future investigate different populations, the work may be helpful as a comparison. Given the size of the host organisation, and its geographical spread, it may be, at least, one useful benchmark for the UK.

So, the objectives of the research may be summarised as follows:

- 1. To compare main company divisions in terms of age and gender against the survey sample using chi-square in order to indicate that either a) the sample is not representative of the population or b) that different age-gender groupings are likely to use a service more than others. (It is impossible to differentiate between these two possible causes in a single site)

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<sup>3</sup> This chapter will consider some aspects of counsellor perception of benefit as well as client perception but the ultimate arbiter of benefit is the client.



- 2. To compare respondents and non-respondents to this survey in terms of client age, grade and gender using chi-square in order to indicate possible confounding variables.
- 3. To examine the effect of counsellor age, gender and experience in terms of client response behaviour in order to examine the proposition that these variables affect whether or not a client will respond to the survey.
- 4. To examine the data for differences in counsellor perception of benefit for responding and non-responding clients in order to examine the proposition that there are differences in the perception of benefit between respondents and non-respondents and thus to lend tentative evidence that there may also be differences between responding and non-responding clients in their perception of benefit.
- 5. To compare responding client and counsellor perceptions of benefit in order to investigate the extent of agreement and disagreement.
- 6. To examine counsellor and client perceptions of problem type in order to highlight discrepancies which might be usefully considered by the scheme's managers as areas for potential development in counsellors.
- 7. To perform factor and reliability analysis on client variables used in the survey to represent the relationship aspects of the working alliance in order to assess a) if they are measuring a single construct and, if so, b) that they form a reliable subscale.
- 8. To perform multiple regression analysis on the client relationship variables against benefit in order to examine the proposition that the 'necessary and sufficient conditions' (Rogers, 1957) are predictive of 'benefit' in the client's perception at the end of the first counselling session.
- 9. To assess the utility of recommending that the scheme's developmental managers should discuss cases where there are discrepancies between client and counsellor perceptions on the variables in the survey on the grounds that shared perceptions indicate a high level of empathy and discrepancies indicate a low level of empathy which might be improved.



## **Methodological Considerations**

The original intention in the work had been to gather data on every case during the period of data collection. However, the nature of casework in the organisation studied was such that counsellors did not submit questionnaires for each client they saw. One of the reasons for non-submission was where the case involved no use of counselling or where only limited counselling skills were used. In other cases, counsellor forms were completed but no client form was given because the counsellor believed that to do so would be inappropriate. (E.g. some bereavement cases) Therefore, there was another potential threat to the representativeness of the sample and the first analyses were also intended to investigate how closely the data reflected some of the biographical details in the potential client base. The data relating to the company were obtained on the proviso that they would be treated in commercial confidence and although several requests were made for data on the breakdown of grades within the company, this was not forthcoming. The use of biographical data as evidence of sample representativeness is considered further in the discussion section at the end of this chapter.

Data regarding the total caseload within the unit was not available in a form that could be compared to the research until (and only reporting part of) the last month of data collection. It had been anticipated that this would be ready before the start of the research but its production was not within the researcher's span of control and changes within its classification and measurement between April and October 1996 rendered its use invalid. Therefore it was decided to use the breakdown of age, gender and the compliment of people in each of the company divisions as a comparison. Unfortunately, this is not without its problems because, as mentioned above, it might be argued that usage of the counselling service within the company might not be related to the biographical breakdown in the company. Nonetheless, it was thought useful to compare the known company breakdown with that from the research, at least to give an indication of take-up against the potential client population.

Data were provided about the whole company but investigation of the categories showed that there were some anomalies<sup>4</sup> and so the data compared initially was restricted to the main company divisions. From a counsellor sample size of 844 new face to face cases, 122 cases were excluded as they related to non-employees or to individuals from divisions where the company biographical data were not available. Several analyses were completed on the data; The overall output, excluding non-employees and other divisions was compared with the company data; data from respondents only (i.e. those cases where a client had returned the form) excluding other divisions and non-employees were compared with company data. Detail on each of these analyses is shown in appendix 2 but the biographical analyses reported in the main text refers to new, face to face cases from the major company divisions with the data derived from counsellors, thus (in some cases) including some non-responding clients.

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<sup>4</sup> Some divisions used different age groupings, some did not classify the gender or age breakdowns and some subsidiaries were unwilling to 'invest time' in providing the data. Overall the only data which was classified in the same way as the sample was that from the main divisions. Approximately 3,000 members of the company population were thus excluded from company and casework management profiles.



As far as is possible, this chapter will investigate some of the differences between respondents and non-respondents that the method of data collection made possible. In the main text, the analyses will use data on new, face to face cases for the company divisions where company data were available (n=722) or a subset of this data, for example responding clients (n=457). Whilst it was initially planned to use the available data for all new face to face cases (n=844 from counsellor data), problems in obtaining company staffing details meant that for some of the analyses different sample sizes would have been used, thus bringing in another potential source of variation. Consequently, it was decided to restrict the main analyses to those cases where reliable company biographical data existed, even though this meant ignoring a fairly large amount of the collected data. (Some analyses of the larger data set were completed and are shown in appendix 2)

Many of the other methodological problems which were encountered in the pilot stages and which were described in chapter 2 continued to have impact in the main study. The demand from senior managers for analysis of divisional data continued to impinge on the research during the main study. This served to highlight the fact that applied research does not occur in a vacuum and however much the researcher insists that the research is not consultancy, in order to continue obtaining access to the data, additional work outside of the research is almost inevitable.

The redesign of the computer system to allow data to be transferred to the specialist managers on floppy discs had a serious downside. On the original system, data checks were built in to ensure that no case could be input which had the same case number as one that already existed. Due to the fact that a single floppy disk was expected to be unable to contain more than six months data, the system was redesigned to ensure that only one or two weeks data were ever transferred at any one time. Whilst this overcame the transfer problem, it resulted in the main data being held on the specialists' computers and only new data being held by the confidential typist who did the bulk of the inputting. This had the effect that where a counsellor used the same case number on more than one occasion, this could be input and not queried by the system. Thus, it became possible for several cases with the same number to exist on the system and as a consequence, accurate relationships between the various databases were likely to be lost. In order to overcome this problem periodic data checks were run by the researcher and many hours were spent trying to ensure data accuracy. The researcher's intention had been (eventually) to have the counsellors inputting their own data direct onto the system, and it would have been possible to overcome the flaw electronically in this case. However, the mix of computer hardware and software at the site during the period of the research meant that it was not possible to do this and so manual checks were the only way to ensure data accuracy.

## **Method - Sample**

As indicated above, the target population was all employees of BT PLC who availed themselves of the employee counselling service during the period February to October 1996. In practice this was restricted to the major company divisions in order to ensure



that comparable biographical data were available and new, face to face cases in order to ensure ongoing and telephone type cases did not confound the research. The sample was further restricted by counsellors in that questionnaires were not submitted for every case. In all there were 722 counsellor cases and 457 client cases submitted during the period. Detailed breakdowns of the sample and population are considered in the results section and therefore not described further in this section.

### **Method - Equipment**

The instrument development was described in detail in chapter 2 and the forms of the questionnaires are shown in appendix 7<sup>5</sup>. The computer system that underpinned the system was described in some detail in chapter 2 and appendix 1.

Counsellors were supplied with an initial stock of fifty counsellor questionnaires, fifty client questionnaires and fifty client return envelopes. After each initial client session, counsellors were asked to give the client a client form and return envelope and to briefly explain the purpose of the survey, drawing the client's attention to the client's right to withhold the form from being returned to the counsellor. Counsellors were asked to complete their own questionnaire on the session as soon as possible after the session and in any case within 48 hours in order to allow them to reflect on their feelings and perceptions as accurately as possible. Completed forms were sent to the confidential typist by internal post (counsellors) and by pre-paid external mail (clients).

The typist copied the detail from the cards onto two separate databases built by the researcher using Visual dBase™. Data were then sent to the counselling specialists either by electronic mail or via external (land) mail on floppy discs and the specialists loaded the data onto their own systems. Additionally, the researcher maintained a separate database that was loaded into SPSS™ at the end of the survey period together with detail on the counsellors such as their age, gender and length of experience as a counsellor.

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<sup>5</sup> Counsellor forms were produced on folded pastel green A3 card and client forms on folded buff coloured A3 card to give four useable A4 sides.



Results

1. Comparison of main company divisions in terms of age and gender against the survey sample

Tables 11 and 12, below, show age, gender and company division data for the main company divisions together with comparable data extracted from the casework management system.

Table 11 All Cases					
Company Division	Number Employed	Percent employed	Number of clients	Percent of total clients	Expected number of clients
Personal Communications	17720	15	142	19.67	108
Networks & Services	62047	53	366	50.69	383
National Business Communications	24326	21	126	17.45	152
Global Communications	6148	5	27	3.74	36
Group Finance	4898	4	26	3.60	29
Group Personnel	2567	2	35	4.85	14
Total	117706	100	722	100	722

(Expected clients are calculated by dividing total cases between divisions in proportion to the percent employed)

Table 12 All Cases							
Age	Male	Female	Total	Percent Employ'd	Number of clients	Percent of clients	Expected number of clients
Under 21	202	130	3320	1%	7	1.0%	7
22-30	8607	8937	15544	13%	155	21.5%	94
31-40	32057	11828	43885	37%	285	39.5%	267
41-50	37727	7394	45121	38%	223	30.9%	274
51-60	9821	3003	12824	11%	52	7.2%	80
Total	88414	29292	117706	100%	722	100%	722
Percent employed	75%	25%	100%				
Number of clients	452	270	722				
Percent of clients	62.6%	37.4%	100%				
Expected number of clients	541	181	722				

(Expected numbers are calculated by dividing the actual total number of cases between age & gender groups on the basis of the number of staff in each age or gender grouping)

Table 11 showed some significant differences between observed and expected take-up within the company sub-divisions (Chi square=49.97,  $p<0.05$ ) and table 12 shows some marked differences between age and gender between observed and predicted values. (Chi square for age was 60.09,  $p<0.05$  and 58.40,  $p<0.05$  for gender) Therefore, it was decided to investigate if the differences between the company divisions might be explained by variation in age or gender of their composition.

Table 13, below, shows the percentages (rounded to two decimal places) for age and gender composition for each major company division.



<b>Table 13 Staff in Post: Age &amp; Gender groupings within each company Division</b>								
	Under 21 % of division	22-30 % of division	31-40 % of division	41-50 % of division	51-60 % of division	Total (raw data) %	Male % of division	Female % of division
Personal Communications	0.71	28.81	37.65	26.86	9.96	(17720) 100%	32.91	67.09
Networks & Services	0.25	9.59	35.35	42.62	12.19	(62047) 100%	90.53	9.47
National Business Communications	0.09	13.87	42.26	35.61	8.17	(24326) 100%	71.22	28.78
Global Communications	0.13	14.27	39.02	38.00	8.59	(6148) 100%	71.55	28.45
Finance	0.27	10.60	35.42	40.71	13.01	(4898) 100%	69.60	30.40
Group Personnel	0.35	16.67	33.66	35.92	13.40	(2567) 100%	49.71	50.29
Totals (raw data)	(332)	(15544)	(43885)	(45121)	(12824)	(117706)	(88414)	(29292)
Company percent	0.28	13.21	37.28	38.33	10.90	100%	75.11	24.89

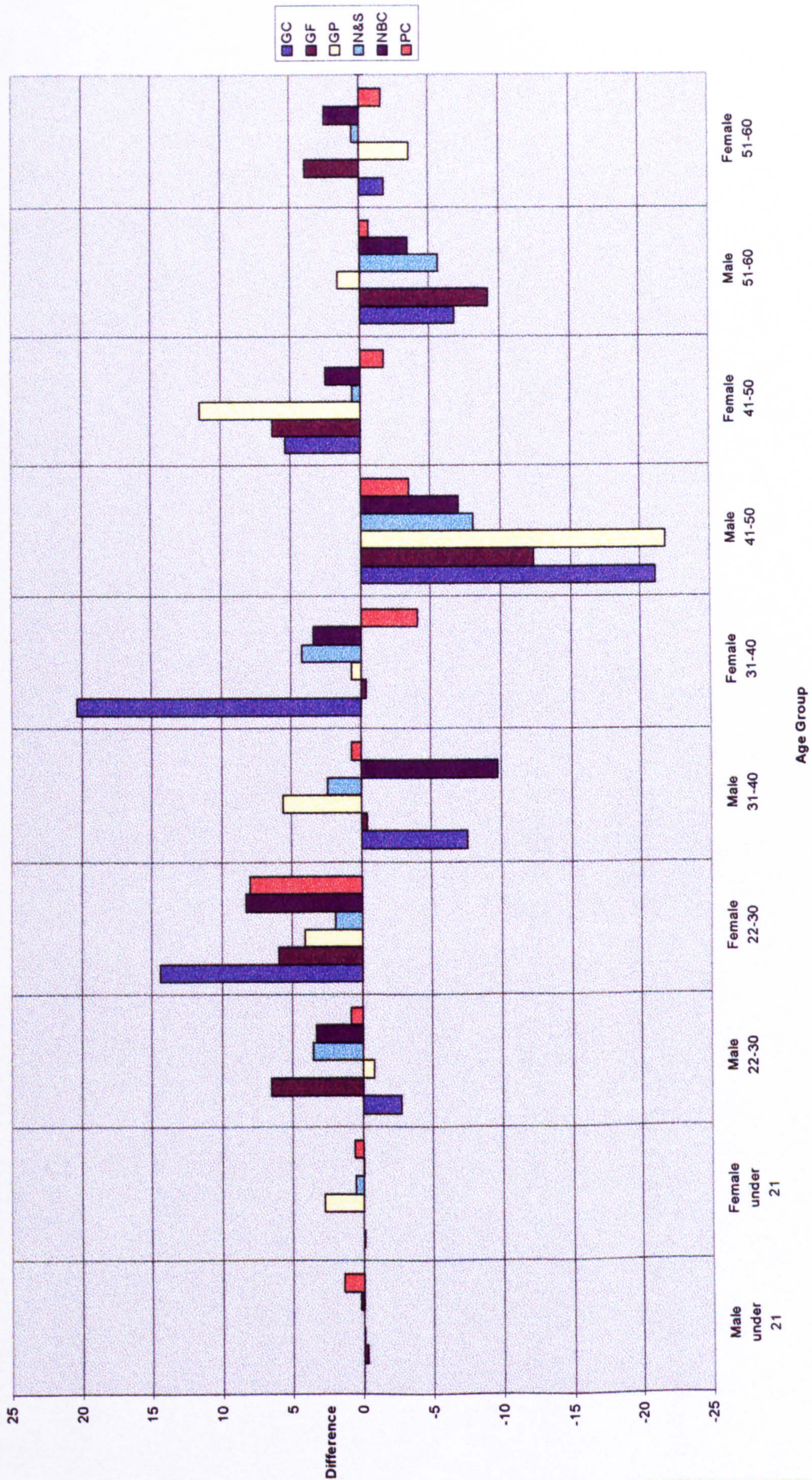
Table 14, below, shows a comparable breakdown of all of the counsellor survey data (restricted to age groups & employees, as per table 13) for the same divisions. Across each division and for the data as a whole, there are two key points of interest; First, take-up in the 41-50 and 51-60 age groups is lower than would have been expected on the age distribution figures. Second, males do not use the service as much as would have been predicted by the gender breakdown within the company.

<b>Table 14 Casework returns from counsellors by age &amp; gender within each division</b>								
	Under 21 % of division	22-30 % of division	31-40 % of division	41-50 % of division	51-60 % of division	Total (raw data) %	Male % of division	Female % of division
Personal Communications	2.11	33.80	34.51	21.83	7.75	(142) 100%	31.69	68.31
Networks & Services	0.54	15.03	42.08	35.25	7.10	(366) 100%	82.79	17.21
National Business Communications	0.79	25.40	35.72	30.95	7.14	(126) 100%	54.76	45.24
Global Communications	0	25.93	51.85	22.22	0	(27) 100%	33.33	66.67
Finance	0	23.08	34.61	34.61	7.70	(26) 100%	53.85	46.15
Group Personnel	2.86	20.00	40.00	25.71	11.43	(35) 100%	34.29	65.71
Totals (raw data)	(7)	(155)	(285)	(223)	(52)	(722)	(452)	(270)
Company percent	0.97	21.47	39.47	30.89	7.20	100%	62.60	37.40

The data were further subdivided by gender and age grouping to examine the patterns of data within particular gender / age / division groupings. Differences (in percentage of each division) between the observed casework and that predicted using the age/gender grouping within each division are shown in figure 10, below. (The data from which figure 10 was derived are shown in appendix 2.) The figure is included because the age and gender differences in take-up are more complex than might be thought from the tables above.



Figure 10 Differences between observed number of cases and expected based on divisional age/gender profiles (New/face to face cases)





2. Comparison of respondents and non-respondents in terms of client age, grade and gender

In order to investigate any differences between respondents and non-respondents in terms of age and gender, the same sample was further analysed. The relatively small numbers in some of the divisions precluded the possibility of splitting the data by company division and the small numbers of responding and non-responding clients in the under twenty-one age group meant that in order to render a chi-square analysis valid, the under 21 groups were collapsed into the 22-30 age groupings. Table 15, below, shows the analysis for female clients and table 16 that for males. Neither produced significant results.

Table 15 Female respondents and non-respondents compared for age (Expected numbers are shown in brackets)					
Age Grouping	RESPONDENT	NON-RESPONDENT	Response rate	Row Total	Percent
30 and Under	56 (56)	31 (31)	64.4%	87	32.2%
31-40	60 (64)	39 (35)	60.6%	99	36.7%
41-50	43 (39)	18 (22)	70.5%	61	22.6%
51-60	15 (15)	8 (8.2)	65.2%	23	8.5%
Column Total	174	96		270	100.00%
Percent	64.4%	35.6%			
Chi-Square	Value	DF	Significance		
Pearson	1.61635	3	.65569		
Likelihood Ratio	1.63559	3	.65135		
Mantel-Haenszel test for linear association	.30810	1	.57885		
Minimum Expected Frequency - 8.178    Number of Missing Observations: 0					

Table 16 Male respondents and non-respondents compared for age (Expected numbers are shown in brackets)					
Age Grouping	RESPONDENT	NON-RESPONDENT	Response rate	Row Total	Percent
30 and Under	40 (47)	35 (28)	53.3%	75	16.6%
31-40	121 (117)	65 (69)	65.1%	186	41.2%
41-50	102 (101)	60 (61)	63.0%	162	35.8%
51-60	20 (18)	9 (11)	69.0%	29	6.4%
Column Total	283	169		452	100.00%
Percent	62.6%	37.4%			
Chi-Square	Value	DF	Significance		
Pearson	3.74058	3	.29087		
Likelihood Ratio	3.68614	3	.29741		
Mantel-Haenszel test for linear association	1.74905	1	.18600		
Minimum Expected Frequency - 10.843		Number of Missing Observations: 0			



Table 17, below, shows the breakdown of the sample by client gender and respondent/non-respondent. The result was not significant at  $p < 0.05$ .

**Table 17** Client gender as recorded by counsellors by responding and non-responding clients (Expected numbers are shown in brackets)

Client gender	RESPONDENT	NON-RESPONDENT	Response rate	Row Total	Percent
Male	283 (286)	169 (166)	62.6%	452	62.6%
Female	174 (171)	96 (99)	64.4%	270	37.4%
Column Total	457	265		722	100.00%
Percent	63.3%	36.7%			

Chi-Square	Value	DF	Significance
Pearson	.24468	1	.62085
Continuity Correction	.17211	1	.67824
Likelihood Ratio	.24513	1	.62052
Mantel-Haenszel test for linear association	.24434	1	.62109

Minimum Expected Frequency - 99.1    Number of Missing Observations: 0

Table 18, below, shows the breakdown of the sample by client grade. In order to aid comparability, the sample was restricted to those individuals from the major company divisions, as per the analyses above.

The majority of clients are in the lower grade groups. (Around 84% of the known grades in the sample are non-managerial people) Managerial grades account for about 15% of the cases and non-employees account for around 1% of casework.

Table 18 Total Cases by client Grade (recorded by counsellors) for new face to face cases within the main company divisions (n=722)			
Grade	Frequency	Percent	Grade classification
Engineering & technical	307	42.5	Engineering / Non-managerial
Clerical	240	33.2	Clerical / Non-managerial
Management & Professional	76	10.5	Managerial
Personal Contractor	17	2.4	Managerial
Senior Manager	1	0.1	Managerial
Motor Transport Unit	4	0.6	Engineering / Non-managerial
Sales retail manager	15	2.1	Managerial
Sales retail non-manager	20	2.8	Clerical / Non-managerial
Operator grades	31	4.3	Clerical / Non-managerial
Photoprint grades	1	0.1	Engineering / Non-managerial
Other Employee	6	0.8	Other (employee or non-employee)
Pensioner	1	0.1	Other (employee or non-employee)
Dependant	0	0	Other (employee or non-employee)
Other non-employee	6	0.8	Other (employee or non-employee)
Grade not completed on form	2	0.3	Grade not given on form
Total	722	100	

Analysing client grade between respondents and non-respondents meant that it was sensible to collapse the data into a smaller number of categories to ensure that there



were sufficient cases in the matrix to perform a  $\chi^2$  test. The basis chosen for the collapse was between employees and non-employees, managerial and non-managerial roles and within the non-managerial roles, it was decided to split engineering, technical grades from clerical and allied roles. The classification is shown on the right in table 18, above. Table 19 below shows the results of the split for the sample and indicates the way that respondents and non-respondents are divided.

Table 19 Collapsed client grades by responding and non-responding clients for main company divisions (Expected numbers are shown in brackets where applicable)					
Grade classification	RESPONDENT	NON-RESPONDENT	Response rate	Row Total	Percent
Engineering, technical & manual	189 (198)	123 (114)	60.6%	312	43.2%
Clerical, computing & Allied Office	183 (184)	108 (107)	62.9%	291	40.3%
Managerial	78 (69)	31 (40)	71.6%	109	15.1%
Grade not given on form	1	1	50.0%	2	0.3%
Other (Employee or non-employee)	6 (5)	2 (3)	75.0%	8	1.1%
Column Total	457	265		722	100.00
Percent	63.3%	36.7%			
('Grade not given' were excluded in the analysis below to ensure Chi-Square would be valid)					
Chi-Square	Value	DF	Significance		
Pearson	4.69108	3	.19587		
Likelihood Ratio	4.83163	3	.18455		
Mantel-Haenszel test for linear association	4.01552	1	.04508		
Minimum Expected Frequency - 2.933 Number of expected cells <5 : 1 of 8 (12.5%)					

Given that the analysis did not show significant differences in response rates between grades, it is reasonable to examine the data for any differences between the company divisions in terms of response rates<sup>6</sup>. Table 20, below, shows data for each of the main company divisions for responding and non-responding clients.

<sup>6</sup> Had there been significant differences between grades, it would have rendered a comparison of the company divisions of doubtful validity because, although the requested data on grades was never supplied by the company, the author was aware that some divisions have many engineering grades and few clerical and others consist of largely clerical and managerial groups. So, any differences in propensity to respond between grades would inevitably have been seen in the different company divisions.



**Table 20** Client work division by responding and non-responding clients  
(Expected numbers are shown in brackets where applicable)

Company Division	RESPONDENT	NON-RESPONDENT	Response rate	Row Total	Percent
Global Communications	15 (17)	12 (10)	55.6%	27	3.7%
Group Finance	18 (17)	8 (9)	69.2%	26	3.6%
Group Personnel	27 (22)	8 (13)	77.1%	35	4.8%
National Business Communications	76 (80)	50 (46)	60.3%	126	17.5%
Networks and Services	230 (232)	136 (134)	62.8%	366	50.7%
Personal Communications	91 (90)	51(52)	64.1%	142	19.7%
Column Total	457	265		722	100.00
Chi-Square	Percent	63.3% Value	DF	36.7% Significance	
Pearson		4.53077	5	.47578	
Likelihood Ratio		4.73577	5	.44897	
Mantel-Haenszel test for linear association		0.00512	1	.94294	
Minimum Expected Frequency - 9.543 Number of Missing Observations: 0					



### **3. Examination of the effect of counsellor age, gender and experience in terms of client response behaviour**

One final set of potentially confounding variables also needs some consideration. These relate to the counsellor. At a somewhat superficial level, counsellor gender, age and experience might be compared along the lines shown in table 20, above. However, an individual counsellor with few cases will not have as much influence on the results as one who has submitted a large number of cases. Thus, there is a repeated measure in the analysis and it would seem prudent, therefore, to look in more depth at these issues than the data in tables, such as table 20, would permit. Further examination of the individual counsellor's responding and non-responding clients revealed that the lowest return rate was 25% and the highest 100% but both of these counsellors had submitted very few cases at the end of the research (4 and 2 respectively). When the analysis included only those counsellors who had submitted 10 or more cases, the average return rate for males was 65.02% (n=14) and for females 67.44% (n=13). So, whilst there does appear to be a difference in response rates by counsellor gender, it is not large one.

Counsellor age and experience present similar problems for the analysis, as did counsellor gender, in so far as each counsellor saw a number of clients. However, individual counsellor response rates, the counsellor's age, length of experience in counselling and gender were compared by correlation and yielded no significant results. (Table 146, p.72, appendix 2)



#### **4. Examination of the data for differences in counsellor perception of benefit for responding and non-responding clients**

A statistically significant correlation (0.5242,  $p=0.001$ ,  $n=34$ ) was found between the individual counsellor means for the counsellor question 'The client benefited from talking to me' and the individual counsellor means on the client question 'I feel that I have benefited from counselling', for cases where both forms were returned and which were marked within the scale of one to seven. The level of this correlation was disappointing since only around 28% of the variance in client means was explained by counsellor means and thus the validity of arguing that non-respondents scores can be predicted by examining counsellor scores is not as strongly supported as was hoped.

Nevertheless, the individual counsellors' client mean scores on 'benefit' also produced a significant negative correlation against individual response rates (-0.5053,  $p=0.002$ ,  $n=34$ ) and so it would appear that as client mean score rises (a less favourable view of benefit), response rate falls. There was also a high correlation between counsellor means for responding and non-responding clients (0.8238,  $p=0.000$ ,  $n=29$ ).<sup>7</sup> (only four counsellors had the same mean for respondents as non-respondents). There was also a lower, but still significant, correlation between client means (respondents) and counsellor means for non-respondents. (0.4240,  $p=0.022$ ,  $n=29$ ). Taken together, these correlations seem to indicate that the available data might be a useful, if tentative, indicator of data that is not available. (I.e. non-responding client evaluation of benefit)

In the original data, four cases were either unmarked or marked 'don't know', yielding a sample size of 719, of which there were 454 counsellor forms for responding clients and 265 counsellor forms for non-responding clients. The group mean score for respondents on the question: 'The client benefited from talking to me' was 2.53 (standard deviation=0.86) and for non-respondents it was 2.73 (standard deviation=0.87). Both items had a scale range of one to six and a higher score indicated that less benefit was perceived.

Table 21, below, shows the results of an independent samples t test on the counsellor benefit variable for responding and non-responding clients. This indicates that the differences in the means reported above for the two groups are significantly different.

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<sup>7</sup> Different numbers of subjects result from the fact that a counsellor with a 100% response rate has no non-respondents, and there were 5 counsellors in this category.



**Table 21** Independent samples t test of respondents/ non-respondents on the counsellor variable 'The client benefited from counselling'

Variable	N	Mean	SD	SE of mean
Respondents	454	2.5264	0.86	0.040
Non-respondents	265	2.7321	0.87	0.053

Mean difference = -0.2056

Levene's test for equality of variances: F= 0.011 p=0.918

t-test for equality of means

Variances	t-value	df	2-tail sig.	SE of diff.	95% CI for diff.
Equal	-3.08	717	0.002	0.067	(-0.337,-0.074)
Unequal	-3.07	547.2	0.002	0.067	(-0.337,-0.074)

Table 22, below, shows the distribution on the counsellor variable 'The client benefited from talking to me' for responding and non-responding clients, as recorded by counsellors.

**Table 22** Respondents & non-respondents compared with counsellor scores on 'The client benefited from talking to me'

Raw data		0 Missing or not Answered	1  Strongly Agree	2	3	4	5	6	7  Strongly Disagree	Totals
Respondents		3	38	203	156	52	3	2	0	457 (63.3 %)
Non-respondents		1	14	98	99	51	1	1	0	265 (36.7 %)
Column Total	n	4	52	301	255	103	4	3	0	722 (100%)

Row Percentages	0 Missing or not Answered	1  Strongly Agree	2	3	4	5	6	7  Strongly Disagree	Totals
Respondents %	0.65	8.32	44.42	34.14	11.38	0.65	0.44	0	n= 457 (100 %)
Non-respondents %	0.38	5.28	36.98	37.35	19.25	0.38	0.38	0	n= 265 (100 %)
All %	0.55	7.20	41.69	35.32	14.27	0.55	0.42	0	n= 722 (100%)

Table 22, above, shows that 86.88% of respondents were thought by counsellors to be likely to say that they benefited from counselling, compared with 79.61% of the non-respondents. (Categories 1, 2 and 3 combined in each case)

Table 23, below, shows data for both clients and counsellors on the two 'benefit' variables for the cases where clients responded within the main company divisions.



**Table 23** 'The client benefited from talking to me' compared with ' I feel that I benefited from counselling'. Only cases where both client and counsellor responded are shown.

Value Label	Counsellor			Client		
	Frequency	Percent	Cum Percent	Frequency	Percent	Cum Percent
1 Strongly Agree	38	8.3	8.3	165	36.1	36.1
2	203	44.4	52.8	141	30.9	67.0
3	156	34.1	86.9	87	19.0	86.0
4 Neutral	52	11.4	98.3	41	9.0	95.0
5	3	.7	98.9	6	1.3	96.3
6	2	.4	99.4	3	0.7	96.9
7	0	0	99.4	3	0.7	97.6
9 Missing or no answer	3	.6	100.0	11	2.4	100.00
Total	457	100.0		457	100.0	
			Valid cases 457	Missing cases 0		



**5. Comparison of responding client and counsellor perceptions of benefit in order to investigate the extent of agreement and disagreement.**

In order to further investigate the proposition that the two measures of ‘benefit’ were associated and to examine discrepancies between clients and counsellors on the perception of benefit, the data were collapsed into categories 1, 2 and 3 as one pole and 4, 5, 6 and 7 as the other. Missing and unanswered cases were excluded from the analysis. The main areas of interest in the research were actually the points of disagreement rather than those of agreement.

Table 24, below, shows the results of collapsing the benefit variables and comparing counsellor and client results.

**Table 24** Comparison of ‘The client benefited from talking to me ’ and ‘I feel that I have benefited from counselling’ using collapsed data (Categories 1,2 and 3 into ‘Agree’ and 4,5,6 & 7 into ‘Neutral or disagree’, 8,9 & 0 ignored) where both forms were returned

Observed (expected)	Counsellors Agree	Counsellors neutral or disagree		
Clients Agree	349 (341.6)	41 (48.4)	390	88.0 %
Clients neutral or disagree	39 (46.4)	14 (6.6)	53	12.0 %
Column Total	n 388 87.6 %	55 12.4 %	443	100 %
Chi-Square	Value	DF	Significance	
Pearson	10.85096	1	.00099	
Continuity Correction	9.43782	1	.00213	
Likelihood Ratio	8.91515	1	.00283	
Mantel-Haenszel test for linear association	10.82647	1	.00100	
Minimum Expected Frequency - 6.580		14 cases had at least one measure as 8, 9 or 0 on the scale & were therefore excluded from the analysis		



**6. Examination of counsellor and client perceptions of problem type**  
 Table 25, below, shows the nature of the actual problem as perceived by the counsellors, compared with the presenting problem as perceived by the clients in cases where both questionnaires were returned.

Client questionnaires did not contain an identical set of problem categories to those on the counsellor form. ‘Stress’ was an individual category on the client form, whereas it was split on the counsellor form to give an indication of the origin of the referral on the counsellor form. (a. Self or manager, b. Occupational Health Service (O.H.S.) or c. General Practitioner (GP)) Thus the client data in table 25 are bracketed across these three categories.

Similarly, ‘Bereavement’ on the client form was split into ‘Death in service’ (under pension age & still employed), ‘Death of pensioner’ and ‘Bereavement - other’ on the counsellor form and the client data in table 25 is bracketed accordingly. The final difference between the forms related to ‘Health’ on the client form, which was split into ‘Physical health’, ‘Mental health’ and ‘Self esteem’ on the counsellor version. Whilst it might be argued that self-esteem is not a health issue, the classification emerged from the first pilot studies.

Table 25 Client and counsellor perception of problem for cases where clients responded following a new face to face session				
Counsellor View of actual problem (n=457)			Client View of problem before counselling (n=457)	
Problem Type	Frequency (f)	Percent of all cases Recording as Problem (f/n*100)	Frequency (f)	Percent of all cases Recording as Problem (f/n*100)
Work Relationships Problem	64	14.0	62	13.6
Work Organisation Problem	77	16.8	64	14.0
Work domestic conflict	67	14.7	84	18.4
Work performance	62	13.6	63	13.8
Stress self manager referral	179 )	39.2 )	(	
Stress OHS incoming referral	5 )194	1.1 )42.5	( 233	51.0
Stress referred by GP	10 )	2.2 )	(	
Finance main Problem	48	10.5	54	11.8
Bereavement other	35 )	7.7 )	(	
Death in service	1 )36	0.2 )7.9	( 37	8.1
Death of Pensioner	0 )	0.0 )	(	
Alcohol or Drugs	9	2.0	11	2.4
Divorce separation Marital	92	20.1	83	18.2
Elderly relation	8	1.8	16	3.5
Other Relationship	56	12.3	36	7.9
Redundancy, Redeployment or Interview skills	55	12.0	72	15.8
Retirement	11	2.4	8	1.8
Physical health	46 )	10.1 )	(	
Mental health	34 )142	7.4 )31.1	( 94	20.6
Self esteem	62 )	13.6 )	(	
Pension Centre enquiry	0	0.0	2	0.4
Other Problem	72	15.8	41	9.0

(Both sets of respondents were able to record more than one problem if they wished.)



The similarities and differences between client and counsellor perception are interesting, even though different questions were asked of the respondents - clients were asked for their perception of the problem(s) before counselling, whereas counsellors were asked for their view of the actual problem(s).

Care is needed in interpreting 'Redundancy/redeployment' and 'Other problem' categories since they were confounded due to the way that some counsellors treated some aspects of redundancy / redeployment (e.g. CV and interview preparation) as 'Other problem' whereas most clients (correctly) placed such issues under 'Redundancy / redeployment'<sup>8</sup>. Had the data been recoded, the counsellor 'Redundancy / redeployment' category would have contained 91 cases (19.9%) and compared with the client's 75 cases (16.4%).

The information from table 25 is shown graphically in figure 11, page 109, and the subdivided categories on the counsellor form have been collapsed into single categories to aid comparison with the client data.

Chi-square tests were performed against client gender and problem type for both counsellor and client data. These are shown in appendix 2, tables 37-74. On the client data only 'Elderly relation' produced significant results (at  $p < 0.05$ ) with more females and less males than expected. On the counsellor data, several analyses yielded significant results<sup>9</sup>.

The client result on 'Elderly relation' showed more women than men reporting this as a problem and although the counsellor test was invalid (two cells had an expected frequency of less than 5) the results were in the same direction. 'Work relationships', 'Bereavement (Other)' and 'Other relationship' all had more women and fewer men than expected and 'Finance' had more men than expected.

Chi-square tests were completed for each problem type against the collapsed client perception of benefit variable (1,2 & 3 = Positive outcome, 4,5,6 & 7 = Neutral or negative outcome). Only one of the tests produced results that were significant at  $p < 0.05$ .

'Stress' was the most frequently marked category of problem by the clients (233 out of 457 clients [51%] marked stress). Chi-square for the cross tabulation of stress and the collapsed benefit variable was 7.0356 with a probability of  $p = 0.02966$ . Eighty-two percent of individuals who indicated that stress was a problem scored the benefit variable positively, whereas 90% of those who did not cite stress as a problem scored 'benefit' positively.

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<sup>8</sup> The only major effect if the data had been recoded correctly was with the counsellors' table. 36 additional cases would have been recorded under redundancy/redeployment/CV & interview and 36 less in the 'Other' category. Full details for both client and counsellor 'other' categories are shown in appendix 2.

<sup>9</sup> Client: Elderly Relation  $\chi^2 = 9.5884$ ,  $p = 0.00196$ . Counsellor: Work relationships  $\chi^2 = 10.42745$ ,  $p = 0.00124$ , Bereavement (other)  $\chi^2 = 7.72808$ ,  $p = 0.00544$ , Finance  $\chi^2 = 3.88843$ ,  $p = 0.04862$ , Other relationship  $\chi^2 = 6.5006$ ,  $p = 0.01078$ .

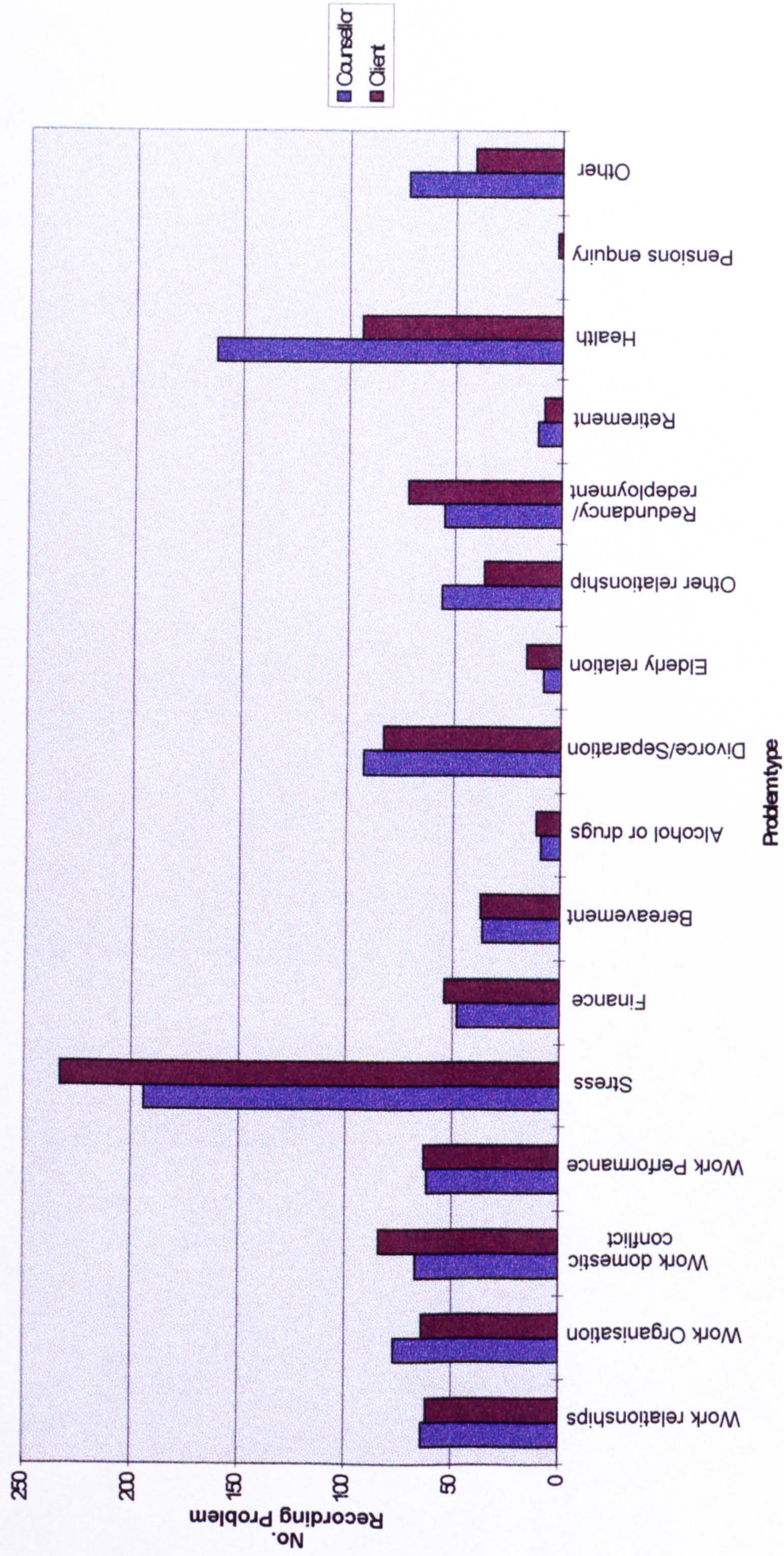


Each problem type was also compared against each other problem type (as reported by clients & counsellors) to examine any patterns within the data. Such patterns might indicate that either clients or counsellors perceive some issues as 'going together' and could have implications for counsellor development as well as highlighting potential problems for future questionnaire design. Tables showing the counsellor analyses are on pages 32 to 34 of appendix 2. Client tables are on pages 35 and 36. Correlations are on pages 37-52 and the significant  $\chi^2$  tests are on pages 53-62 (counsellor data) and 63-72 (client data).



Figure 11

Counsellor and client perception of problem (n=457, Both groups could record more than one problem)





**7. Factor and reliability analysis on client variables used in the survey to represent the relationship aspects of the working alliance**  
 Table 26, below, shows the results of factor analysis on the counselling relationship variables taken from the client questionnaires.

Table 26 Factor analysis of client data relationship variables (N=457)					
Listwise deletion of cases with missing values, Principal Components Analysis (PC)					
Initial Statistics:					
Variable	Communality	Factor	Eigenvalue	Pct of Var	Cum Pct
Counsellor understood problem	1.00000	1	3.42551	57.1	57.1
Counsellor understood feelings	1.00000	2	.81626	13.6	70.7
Counsellor gave advice/guidance	1.00000	3	.68122	11.4	82.0
Counsellor accepted me	1.00000	4	.60457	10.1	92.1
Counsellor encouraged own decision	1.00000	5	.26658	4.4	96.6
Counsellor respected me	1.00000	6	.20586	3.4	100.0
Factor Matrix:		Factor 1			
Counsellor understood problem	.79024				
Counsellor understood feelings	.83619				
Counsellor gave advice/guidance	.65307				
Counsellor accepted me	.78082				
Counsellor encouraged own decision	.65626				
Counsellor respected me	.79685				
Final Statistics:					
Variable	Communality	Factor	Eigenvalue	Pct of Var	Cum Pct
Counsellor understood problem	.62447	1	3.42551	57.1	57.1
Counsellor understood feelings	.69921				
Counsellor gave advice/guidance	.42650				
Counsellor accepted me	.60968				
Counsellor encouraged own decision	.43068				
Counsellor respected me	.63497				

Although the analysis in table 26 must be treated with caution, it does show only one factor with reasonable loadings.

The reliability analysis yielded an alpha of 0.8126 on the six items (n=457)<sup>10</sup>.

Table 27, below, details the interrelations between the variables. Also included in the correlation matrix is the ‘benefit’ variable from the client questionnaire.

<sup>10</sup> Scale alpha if item deleted for understanding of problem was 0.7608, understanding of feelings 0.7498, advice/guidance 0.8110, acceptance 0.7859, own decision 0.8075 and respect 0.7855.



Table 27 Correlations & two tailed significances for the 'alliance' variables							
N=457 in all correlations	Understood Problem	Understood feelings	Provided advice or guidance	Felt Accepted	Own decision	Shown respect	Benefited
Understood Problem	1.0 p= *	0.7784 p=0.000	0.4351 p=0.000	0.4323 p=0.000	0.4235 p=0.000	0.4596 p=0.000	0.4416 p=0.000
Understood Feelings	0.7784 p=0.000	1.0 p= *	0.4784 p=0.000	0.5232 p=0.000	0.4425 p=0.000	0.5042 p=0.000	0.4041 p=0.000
Provided advice or guidance	0.4351 p=0.000	0.4784 p=0.000	1.0 p= *	0.3987 p=0.000	0.3103 p=0.000	0.4081 p=0.000	0.3602 p=0.000
Felt Accepted	0.4323 p=0.000	0.5232 p=0.000	0.3987 p=0.000	1.0 p= *	0.4039 p=0.000	0.7396 p=0.000	0.2947 p=0.000
Own Decision	0.4235 p=0.000	0.4425 p=0.000	0.3103 p=0.000	0.4039 p=0.000	1.0 p= *	0.4631 p= *	0.3616 p=0.000
Shown Respect	0.4596 p=0.000	0.5042 p=0.000	0.4081 p=0.000	0.7396 p=0.000	0.4631 p=0.000	1.0 p= *	0.3056 p=0.000
Benefited	0.4416 p=0.000	0.4041 p=0.000	0.3602 p=0.000	0.2947 p=0.000	0.3616 p=0.000	0.3056 p=0.000	1.0 p= *



**8. Multiple regression analysis on the client relationship variables against benefit**  
 Table 28, below, shows the results obtained for the multiple regression of client predictor variables against the client’s view of benefit as the criterion at the end of the first counselling session for the sample of 428 respondents, where the benefit and predictor variables were marked by clients within the scale of one to seven. ( 29 clients in the original sample of n=457 failed to mark the benefit question or marked it as ‘don’t know’)

Table 28 Multiple Regression of client perception of benefit against client predictor variables (n=428)							
Multiple R		.64364					
R Square		.41427					
Adjusted R Square		.40592					
Standard Error		.87460					
Analysis of Variance							
	DF	Sum of Squares	Mean Square				
Regression	6	227.76702	37.96117				
Residual	421	322.03438	.76493				
			F = 49.62716		Signif F = .0000		
Variable	B	Beta	Correl	Part Cor	Partial	T	Sig T
"Counsellor provided me with advice and or guidance"	.272254	.262254	.539347	.200651	.253605	5.379	.0000
"Counsellor accepted me as I am"	-.058370	-.034561	.375314	-.022050	-.028799	-.591	.5547
"Counsellor encouraged me to make my own decisions"	.186558	.153619	.448482	.118558	.153086	3.179	.0016
"Counsellor showed me respect"	.052118	.028685	.438894	.017053	.022276	0.457	.6478
"Counsellor seemed to understand my problem(s)"	.448632	.337021	.582561	.186833	.237157	5.009	.0000
"Counsellor seemed to understand my feelings"	.020935	.015442	.516553	.008363	.010927	.224	.8227
(Constant)	.481131					4.253	.0000



**9. The utility of recommending that the scheme’s developmental managers should discuss only cases where there are discrepancies between client and counsellor perceptions on the variables in the survey**

Table 29, below, shows the results of a multiple regression analysis of dummy variables created by calculating difference scores between client and counsellor variables (the predictor variables) and the client variable ‘benefited from counselling’ (the criterion variable). Thus, if a client scored ‘understanding of problem’ as strongly agree (1) on the questionnaire variable and the counsellor scored the matched variable as strongly disagree (7) on the counsellor form, the difference score for that case on ‘difference in understanding of problem’ would be six. If both scored the matched questions the same, the difference score would be zero. Difference scores were calculated for six pairs of variables.

**Table 29 Multiple Regression of client perception of benefit against differences between client and counsellor predictor variables (n=427)**

Multiple R	.17343						
R Square	.03008						
Adjusted R Square	.01387						
Standard Error	1.44764						
Analysis of Variance							
	DF	Sum of Squares	Mean Square				
Regression	7	27.22870	3.88981				
Residual	419	878.07810	2.09565				
			F = 1.85614		Signif F = .0753		
Variable	B	Beta	Correl	Part Cor	Partial	T	Sig T
"Difference client/ counsellor in advice and or guidance"	-.149306	-.123091	-.100517	-.117807	-.118773	-2.449	.0148
"Difference client/ counsellor in accepted "	.099196	.070952	.092484	.065068	.065926	1.352	.1770
"Difference client/ counsellor in encouraged to make my own decisions"	.046540	.030643	.044789	.028405	.028830	0.590	.5552
"Difference client/ counsellor in showed respect"	.055161	.024775	.048341	.021674	.022002	0.450	.6526
"Difference client/ counsellor in understanding of problem(s)"	.228951	.118897	.070208	.094357	.095372	1.961	.0505
"Difference client/ counsellor in understanding of feelings"	-.117565	-.066626	.001607	-.051045	-.051761	-1.061	.2893
(Constant)	2.141667					14.142	.0000



## **Discussion**

The results of the analyses yielded some interesting results. In this section, they will be considered in the same order as the results were completed and each of the study objectives will form a subsection.

### **1. Comparison of main company divisions in terms of age and gender against the survey sample**

In general, take up in the under 30 age group is higher than might have been expected on the basis of age and gender profiles, although this was evident from tables 13 and 14 (p.95) However, whilst tables 13 and 14 indicate that take-up in the 31-40 age groups is slightly higher than might have been projected, the tables do not show that females from 'Global Communications' in the 31-40 age group have a take-up rate that is 20 percentage points above that which would have been projected by age and gender figures alone.

Similarly, figure 10 (p.96) showed that males in all divisions in the 41-50 age group use the service considerably less than would have been predicted on the basis of age and gender profiles and this is exacerbated by the fact that females in all divisions except 'Personal Communications' use the service more than would have been expected. The data in tables 13 and 14 show that, overall, take-up is lower than predicted but this masks a more complex picture which only becomes clear when the divisional take-up rates are considered in terms of specific age-gender groupings and the differences between the observed and expected take-up rates are shown as per the data in figure 10.

Unfortunately, it is not possible to say whether the take-up rates for different age-gender-divisional groupings observed here are as a result of different potential demand from these groups in the research site or a consequence of different potential demand within different age-gender groups which might be observed in the UK population as a whole. The results do, however, indicate that with this research, and with *any* evaluation surveys, great care needs to be taken in interpreting results. For example, if it were to be shown that 'benefit' was lower in certain age-gender groups than in others, and that these groups also respond less than other groups, then there is a potential confounding effect that needs to be taken into account when assessing an evaluation outcome. The good overall results typically reported in evaluation studies may be masking very different results within particular sub-groups.

Another factor, which might have confounded the analysis, related to the job grade of people in the sample. As mentioned above, (p.91), although the company had been asked to provide grade breakdowns within the company divisions, this was never received. By further breaking down the composition of the sample, comparing it with the age-gender-grade-divisional profiles it might have been possible to isolate particular groups with higher or lower than expected take-up and relate this to the particular problems reported. This might have indicated particular problems within the company divisions or that particular grade groups were experiencing higher problem levels. Such an approach may have led to an effective measure of 'stress' within particular age-gender-grade groupings which, given the constraints of



confidentiality, could be fed back to the organisation in order to solve the problems upstream<sup>11</sup>.

So, although it was not possible to compare the grade breakdown within the sample against the company profile, it was possible to examine the grade breakdowns for respondents and non-respondents.

## **2. Comparison of respondents and non-respondents in terms of client age, grade and gender**

Neither client age nor client gender yielded significant results when compared against response behaviour of clients. (Tables 15-17, pp.97-98).

The investigation of client grade also failed to produce significant results in contrast to the third pilot study where grade did appear to have some effect. (See pp.71-72) In the main study, the clerical and allied grades produced results close to expected values. Managers showed a higher response rate than expected, and engineering and allied grades responded less than expected. None of these results were particularly surprising since from experience and the pilot work it appeared that engineers were less inclined than clerical or managerial grades to complete paperwork in the organisation. However, the results did not reach statistical significance ( $p < 0.05$ ), a fact that the anecdotal and earlier evidence might not have predicted.

As grade had not been found to be associated with response behaviour, it was also decided to investigate if client division in the company was having an effect on response. The results were not significant (table 20, p.100)

So, in the present sample, it would appear that client age, client grade, client gender and the company division in which the client works have no statistically significant effect on whether or not a client responds to the survey.

## **3. Examination of the effect of counsellor age, gender and experience in terms of client response behaviour**

The repeated measures issues inherent in the study design raised some problems at first in tackling this particular objective. It would not have been appropriate to compare the data in the same way as previous examples because each counsellor saw a number of clients and different counsellors had different numbers of clients and very different client response rates. In the end, the analysis included only those counsellors who had seen more than ten clients, a figure chosen to yield roughly equal male ( $n=14$ ) and female ( $n=13$ ) counsellors in the resulting sample (p.101). The mean return rate for female counsellors (67.44%) was slightly higher than that for males (65.02%), but probably not enough to have practical value.

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<sup>11</sup> Egan & Cowan (1979) refer to 'upstream helping' as more useful than 'downstream helping'. They give the example of a man standing by a river bank continually rescuing drowning people. After a time, he walks away and when asked why he is leaving people to drown, he replies that he is going upstream to find out how they are getting into the water in the first place.



In investigating the effect of counsellor age and experience on client response behaviour, a new data set was built. Counsellor age and length of experience were obtained from the company personnel database and input as new variables and bivariate correlation was completed on the new data. No significant results were obtained.

Thus, counsellor age, counsellor gender and counsellor experience also appear to have no significant effect on the response behaviour of clients.

#### **4. Examination of the data for differences in counsellor perception of benefit for responding and non-responding clients**

Repeated measures issues again presented potential problems for the investigation and it was decided to calculate mean scores on benefit for each counsellor on both client and counsellor variables. (p.102-104)

In chapter 1, it was stated that one possible reason why the majority of published evaluation surveys yield positive client perceptions is because non-respondents hold less positive views but are obviously excluded from analysis. Having established, as far as possible that the more obvious potential confounding variables were not likely to be responsible for confounding results in this survey, it was then possible to tentatively test the proposition that non-respondents perceived less benefit from counselling.

In the survey, clients completed one form and counsellors another. Where both forms were returned, it was possible to check for an association between counsellor and client answers. Where an association existed between respondents, it might be argued that it is reasonable to assume a similar association between non-responding clients and the counsellor measures on benefit. (If there is no association, it is not possible to argue that there is a probable association between non-responding clients and their counsellors) However, a further problem confounds the issue, in that counsellors did not see one client only. In order to overcome this difficulty, individual counsellor means were used for the comparison.

Each counsellor had rated themselves on the question: 'The client benefited from talking to me' for each case as part of the questionnaires. Although some counsellors had very few cases in the main company divisions, and two had none, it was decided to use the same case group as used in the analyses above because a range of potentially confounding influences such as client grade and gender had been examined and found to have no statistically significant effect these cases.

There is something of a 'leap of faith' in arguing that data which exists can be used to predict data which does not (i.e. non-respondents). However, the correlation between counsellor benefit rating and client benefit rating (0.5242,  $p=0.001$ ), whilst disappointing in that only around 28% of the variance is explained, was significant. Additionally, fact that client mean scores were shown to rise (a less favourable view of benefit) as response rate falls (p.102) further supports the notion that there was an effect on response behaviour.



The group means for the counsellor perception of benefit variable were subjected to a t-test in order to ascertain if the observed differences were statistically significant (table 21, p103). This seems to support the notion that counsellor's opinions on 'benefit' were more favourable for responding clients than non-respondents and arguably gives some support to the belief that non-respondents do not view the service as favourably as respondents. Although the difference is not very large, this indicates that evaluation research should pay heed to the fact that respondents may tend, in this survey at least, to apparently value the benefit they obtained more than non-respondents.

However, the data in table 22 (p.103) demonstrated that whilst the collapsed counsellor figures for benefit are different, the difference is probably not large enough to have *practical* significance<sup>12</sup>. In any case, the data in the table are effectively from different counsellor groups since five counsellors in the survey had no non-respondents and different counsellors had different numbers of clients, probably have different levels of expertise in practice and may even deal with qualitatively more 'difficult' clients.

Table 23, (p.104) shows that clients tended to be marginally more positive than the counsellors in cases where there was a positive outcome between 1 and 2 on the scale, although this difference may simply because counsellors were either modest or 'hedging their bets' by scoring 'benefit' lower than they believed it to be objectively.

However, in the organisational setting, the paymasters usually require some form of evaluation and, apart from take-up rates, managers at the research site most frequently asked the researcher about the client's perception of benefit and the correspondence between counsellors' and clients' questionnaires.

## **5. Comparison of responding client and counsellor perceptions of benefit in order to investigate the extent of agreement and disagreement.**

Table 24 (p.105) clearly shows a high degree of agreement on the positive end of the continuum, but the data are heavily skewed to this end of the construct. There appears to be more disagreement on the negative end of the pole than agreement and so it seems that when one party feels that the client has benefited, the other is likely to agree but when one party feels that the client has not benefited, it is more likely that the other party will choose to say that they believe the client benefited. Overall, 81.9% of the sample are in agreement (349+14 divided by 443 times 100), whilst 18.1% disagree (39+41 divided by 443 times 100). However, the extent of the skew in the data towards the positive end rather limits the ability to draw conclusions about the negative answers. The correlation (Pearson's 'r') between the uncollapsed data is 0.1509, with a significance of  $p=0.001$  and so only about 2.3% of the variance in

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<sup>12</sup> *Practical significance* here refers to the usefulness of the results in terms of managing a counselling service with the aim of developing the counsellor's ability and professionalism. The difference between around 87% of counsellors believing responding clients to have benefited compared with around 80% of non-responding clients is not particularly large and in any case it is difficult to see a practical use for the result.



client scores is accounted for by the equivalent counsellor score which means that there is probably insufficient correspondence between the data sets for them to be of much practical value. This is in contrast to the counsellor / client mean scores reported earlier and highlights the dangers of repeated measures in the analysis of data such as this. (Had means not been used in the earlier example, the data would have been confounded)

Whilst the scheme's managers would doubtless be pleased to know that over 80% of cases were judged by counsellors and clients to be beneficial, the area of potential improvement lies in those cases judged to be not beneficial and research on counsellor empathy would be more focused on those cases where there was disagreement between counsellors and clients rather than cases where there is already a shared understanding between counsellor and client.

So, attempting to read too much into analyses involving counsellor benefit scores is unlikely to be helpful, not least because repeated measures and imbalanced groupings would probably render most analyses invalid. Whilst the paymasters may require data on 'benefit', and it is not unreasonable to assume that non-respondents benefit less than respondents, the data presented here are, perhaps, best regarded as tentative and, as yet, inconclusive.

## **6. Examination of counsellor and client perceptions of problem type**

It would appear that clients recorded several problem types, for example 'Work-domestic conflict' and 'Stress', more frequently than counsellors. Counsellors recorded 'Health' as a problem more frequently than clients, although the data in table 25 (p.106) could be interpreted as indicating that counsellors recorded 'Self esteem' as a problem, whereas clients may not have perceived 'Self esteem' as a health issue. If incident debriefing and wrongly coded data had been included in both client and counsellor 'health' categories, the difference would have been maintained. ('Counsellor health' would have risen to 33.6% and 'client health' to 22.3%) Counsellors also recorded 'Work organisation' and 'Other relationship' more frequently than clients.

There were no surprises in the client data. The presence of 'Stress' against all but one of the work related categories gave significant results, as might have been expected and the work related categories all had significant overlap except 'work performance', which did not significantly overlap with 'work relationships', and 'work domestic-conflict' which, in turn, did not significantly overlap with 'work organisation', 'work performance' or 'stress'<sup>13</sup>.

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<sup>13</sup> Work relationships-Work organisation  $\chi^2=8.296, p=0.00397$ (higher than expected); Work organisation-Work/domestic conflict  $\chi^2=9.208, p=0.00241$ (higher than expected); Work relationships-Stress  $\chi^2=20.058, p=0.00001$ (lower than expected); Work organisation-Work performance  $\chi^2=5.834, p=0.01572$ (higher than expected); Work organisation-Stress  $\chi^2=19.483, p=0.00001$ (higher than expected); Work/domestic conflict-Work performance  $\chi^2=5.058, p=0.02451$ (higher than expected); Work/domestic conflict-Stress  $\chi^2=23.752, p=0.00001$ (higher than expected); Work performance- Stress  $\chi^2=12.221, p=0.00047$ (higher than expected); Stress-redundancy/redeployment  $\chi^2=20.689, p=0.00001$ (lower than expected)



A similar pattern was found with the counsellor data but Work-domestic conflict did not overlap with Work relationships, Work performance or Self / manager referred stress.

This may imply that counsellors need to be aware of the extent to which work domestic conflict and work relationship problems may be associated in client's perceptions, if not in reality. Similarly, clients seem to associate work performance issues with work domestic conflict, whereas counsellors do not appear to do so and, whichever way one may choose to consider causation, this may be a relevant reminder to counsellors that the 'whole person' should be considered in assessing any problem.

With hindsight, it might have been better to avoid the word 'stress' altogether and to subdivide work issues into such categories as: 'inability to cope with demands at work', 'unreasonable demands on abilities', 'unreasonable demands on time' or similar in order to give a clearer picture of issues that are commonly bundled into workplace stress. However, the complexity of such measures as Cooper, Sloan & Wilson's (1988) 'Occupational stress indicator', leads the author to believe that the topic is so large (and still the subject of much debate in the literature) that to try to tap into it using a small number of questions is probably beyond what can reasonably be achieved. Cooper et al. (Ibid.) stated that:

“... it is apparent that the causes and effects of stress are wide and varied and ... there are many intervening factors which make its identification and analysis very complex....” (p.7)

Their own model is designed not to be a scientific instrument but as a means of avoiding analytical myopia - not being able to see the wood for the trees - and it is said to take respondents around 45 minutes to complete (ibid., p.16). Therefore, the figures in the stress categories in the present results are best seen as illustrative of the way in which trained counsellors might associate other problem types with the term 'stress'. It should also be pointed out that unless the data are analysed on a case by case basis it is impossible to tell if the counsellor has marked 'stress' as a part of the same problem or as a unique, and separate, element of the client's situation.

Chi-square tests were also completed for each problem type against each other problem type. As with the stress issue, it is impossible to say, without case by case analysis, what these results really mean. In some cases it is likely that the organisation, relationships within it and the individual's performance are interrelated. In others these may be distinct aspects of an overall problem situation with little if any relationship. For example, a client may have received a poor work appraisal (performance) having recently transferred to a new unit with unfamiliar technology and a geographically distant manager (organisation). He might not be good at making new relationships with colleagues in general (relationships) and in such a case all three categories may be ticked but (arguably) only the first two are related. However, it could be argued that if such an individual were better able to make new relationships, more support from colleagues might be forthcoming thus minimising the organisational issue and improving performance.



Alternatively, the problem might, realistically, be inadequate training, in which case the counsellor could have ticked all three categories and used the 'other problem' category or the counsellor notes section to delineate the underlying cause. The key point is that each case is unique and any conclusions from statistical analysis without reference to the totality of the client's situation are potentially dangerous.

#### **7. Factor and reliability analysis on client variables used in the survey to represent the relationship aspects of the working alliance**

Whilst it is not claimed here that the variables used in the questionnaire represent an adequate model of the working alliance (See Horvath & Greenberg, 1994), they were used to examine the utility in measuring some of the conditions which an essentially humanistic approach espouses for counselling. Exactly what the alliance consists of is open to some debate (See chapter 1, p.17-20) and a full exposition of the working alliance could include other factors, such as goal commitment, for example. However, the six variables<sup>14</sup> included in the questionnaires were subjected to factor and reliability analysis in order to test if they represented a single underlying construct and if the six questions held together as a subscale. Although they were measuring different aspects of the alliance, it could be argued that there should be some correspondence between them if a unifying concept actually exists.

This being said, the variables also should not be replications of each other for factor analysis to be effective. (West, 1991, p.143) It could be argued that the two variables on 'understanding' break this rule, as well as 'respect' and 'accepted' and so the output of the factor analysis should be treated with caution. Furthermore, the fact that some of the variables are skewed may invalidate the analysis all together and, to put a final nail in the coffin, as if another were needed, what was really required was confirmatory factor analysis because an underlying construct was believed to be present and it was expected that only one factor would emerge. Unfortunately, only exploratory factor analysis was available and although the maximum likelihood method might be more appropriate, principal component analysis was used because it was known that the data were not normally distributed.

Reliability analysis produced an alpha value of 0.81. Whilst this result was also encouraging, it could be argued that what is being seen in each of these analyses is simply a 'halo' effect caused by clients generally marking these questions in response to how they felt that the session went overall. All six items were significantly interrelated and all were correlated with 'I benefited from counselling' and whilst this supports the factor and reliability analysis, a halo effect may be a more likely explanation.

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<sup>14</sup> Counsellor understanding of problem, counsellor understanding of feelings, advice/guidance, client own decision, non-judgment and respect.



**8. Multiple regression analysis on the client relationship variables against benefit**  
Although the author held the view that the 'necessary and sufficient conditions' (Rogers, 1957) were actually necessary but not sufficient, others (for example, Mitchell et al., 1977) have argued that the Rogerian conditions and, in particular, empathy are not as important in terms of outcome as Rogers and others believed.

In order to investigate the proposition that the facilitative conditions were not associated with outcome in the present sample, a multiple regression of these conditions, as reported by clients, was conducted against benefit as perceived by clients after the first session. The use of client ratings, as opposed to counsellors or some combination must first be explained:

Horvath & Symonds (1991) reported a meta-analysis of studies that indicated that client and observer ratings were better predictors of outcome than counsellors were and that an effective working alliance was positively associated with it. It is not claimed that the facilitative conditions examined in the present work adequately represent the working alliance in total, rather that they form part of the conditions necessary for an alliance to be formed. Furthermore, although it might be argued that two perspectives are necessary to evaluate the quality of a relationship (i.e. the client and the counsellor), as Barkham (1996) concluded:

“... The perspective taken by the rater influences the results and it is invariably the client's rating... that is most predictive of outcome. Further, if client change is the criterion for measuring outcome, then client ratings of process are the best...” (p.339)

So, at the level of face validity it could be argued that two perspectives are required and that an effective alliance would be indicated when the two perspectives are close together. However, previous work indicates that where outcome is of interest, the client's perspective is what is important. This raises the question of how effective the relationship actually is if there are differences between the client and counsellor perspectives, as there must be differences if client perspectives are more accurate than those of the counsellor.

It also suggests the need to investigate what the result of discrepancies between the client and counsellor might mean in terms of outcome. However, before these things can be considered, the results of the multiple regression analysis on client variables will be reviewed.

The results lend some support to the notion that, in the client's perception, at least some of the facilitative conditions are associated with outcome. Interestingly, it would appear from this analysis that cognitive empathy (understanding the problem) has an effect on outcome, whereas affective empathy (understanding the client's feelings) does not have a significant effect. The perception of non-directiveness and advice / guidance also seem to play a part. Horvath and Greenberg (1989, p.228) showed results for one study in which they claimed that 30-46% of outcome variance in conflict resolution counselling using gestalt techniques could be accounted for by the



task scale of their working alliance inventory. In the same study, the facilitative conditions, at best, were shown to account for less than 21% of variance in outcome. In the analysis shown in table 28 (p.112), it appears that the facilitative conditions account for over 40% of the variance in outcome.

It is worth pointing out some of the limitations with the technique that should be borne in mind. In a forced entry multiple regression where two or more of the predictor variables are highly correlated with each other, they may be cancelled out with neither appearing as a significant independent predictor. Furthermore, the independent predictors, when combined in multiple regression, often account for a good deal more of the variance in the dependent variable than when their individual contributions are summed. Thus, to coin a phrase, the whole is greater than the sum of its parts. Multiple regression does not account for the interactions between predictor variables and is concerned with linear relationships, so, like any other correlational technique, it cannot unequivocally indicate causal links between variables.

Table 27 (p.111) demonstrated that correlations between the predictor and criterion variables were significant at the  $p < 0.05$  level. Therefore, it is likely that some of these variables may cancel each other out, increasing the likelihood of type 1 errors. (I.e. missing a significant association) Whilst there are a number of instances of significant results at  $p < 0.05$  for predictor variables against benefit in the multiple regression analyses, it should be remembered that the high number of correlations in table 27 may mean that there are other significant results in reality which are not reported simply because of the anomalies of the statistical tests which were used.

This analysis does not really consider one key difference between the clients that is crucially important. The clients did not all see the same counsellor and so it may be that some counsellors would produce different results on a regression analysis to others. Unfortunately, there were insufficient cases in the sample to examine this proposition directly by regressing data for each counsellor individually.

#### **9. The utility of recommending that the scheme's developmental managers should discuss only cases where there are discrepancies between client and counsellor perceptions on the variables in the survey**

One of the aims of the research was to examine the utility of using discrepancies between client and counsellor scores on the relationship variables. At first sight this seemed a logical thing to do. Empathic ability in the counsellor should, theoretically, be reflected in a close match between client and counsellor mirrored questions and a successful working alliance should show with positive answers from both parties on the alliance variables. However, if client ratings are a better predictor of outcome than counsellor ratings, then, by definition, counsellor and client ratings must have some discrepancies between them. It would be interesting to see if differences between client and counsellor ratings on the facilitative conditions, particularly those directly related to empathic understanding, are associated with outcome variance and if so, in what way.



However, the fact that each counsellor saw a number of clients (and different numbers of clients were seen per counsellor) caused a serious difficulty in taking this aspect of the research further. The repeated measures and possible confounding by counsellor ability and client willingness to work amongst other problems, resulted in a great deal of effort being expounded with very little to show for it.

Some of the problems might have been overcome by further data collection but to achieve a successful case to variable ratio using six predictor variables with the analysis at the level of the individual counsellor would have meant waiting for several years for some of the counsellors to amass sufficient cases within the main company divisions to render an analysis valid. Using a smaller number of predictors was also considered and could, arguably, have been supported by the reliability and factor analyses. Using mean scores within counsellor data was another option looked at but none of the possibilities really appealed to the researcher because of the obvious trade-offs in each method.

In the end dummy variables were created by subtracting the counsellor rating on six variables from the corresponding client rating on the matched variable. The resulting difference scores were then regressed against the client perception of benefit. (Table 29, p.113) A possible confounding factor here is the individual counsellor – if there are marked differences between counsellors in their accuracy of predicting client perceptions then the regression result may be invalidated. Therefore, dummy variables were also created for each counsellor and entered first on the regression in order to control for the effect of the counsellor. This is not shown in the text but yielded non-significant results close to those in the analysis shown on page 113.

Using difference scores in this way could be criticised if significant results were being used to support the argument. (Difference scores are, by definition, correlated with each of the scores from which they derive) However, the non-significant results obtained show that even with a bias toward obtaining a significant result, no association was found between difference scores and benefit.

The results appear to indicate that if there is a connection between client and counsellor scoring on the questionnaires, it is, in any case, of such small magnitude that it would seem foolhardy to base a means of managing a counselling service on analysing the differences between client and counsellor scoring. Had such information been available at the start of the study, it is doubtful if it would ever have begun. However, with hindsight, it was known that outcome studies tend to produce positive results. It was also known that relationship variables have been shown (by Lambert, 1982 and others) to account for only about 15-20% of the variance in outcome. Thus, although on the one hand the final results were disappointing, on the other they were also somewhat predictable.

## **General**

Lambert & Hill (1994) made the point that the source of outcome evaluation is important and it was argued earlier (p.89) that the client should be the ultimate arbiter. However, this poses an interesting question worthy of further work: Namely,



why are there differences and what do they represent in terms of the counselling dyad? Lambert and Hill (Ibid.) make the point that differences have been repeatedly seen:

“... The fact that differences in outcomes have been found to be a function of source rather than content has been replicated across a variety of scales and patient populations and across three or four decades suggests that this finding is very robust... ” (p.80)

That observers, clients and therapists come to different conclusions about outcome further reinforces the points made earlier about subjectivity (p.88) - It all depends by what criteria ‘benefit’ is judged *and* from who’s perspective.

In the present study, a decision was made to ask different questions about ‘benefit’. An interesting area worthy of further research would be to try to tap into the counsellor’s empathic ability to predict the client’s answer. In other words to ask the client if they had benefited and to ask the counsellor if they believed that the client would say that they had benefited. Whilst on the surface such an approach seems straightforward, one well known piece of research should be borne in mind in considering the results of this study and kept firmly in mind in following the suggestions here for further research.

Argyris (1982) conducted substantial research into the concepts of applied values and those that were stated. His findings demonstrated, not that individuals set out to deceive others but that they could firmly hold one belief and yet *actually* apply one with which they stated (and believed) they disagreed. So, for example, a counsellor might state that a non-directive, non-interventionist strategy is ideal (and the only one that they apply) but in reality their work might demonstrate that they believed themselves to be more effective when they were directive and intervened on behalf of their clients.

In an organisational setting there will always be some scope for a counsellor to intervene at some level, given that they have client permission. Therefore it is possible that some of the answers to this survey actually reflect the stated beliefs of counsellors and clients, as opposed to their beliefs in action. This may be one explanation as to why different observers or participants reach different conclusions in evaluation research.

Such an hypothesis is rather more testable than the view commonly held in the literature that the differences observed are because only the participants were truly privy to what really went on in the counselling session but such an explanation does not adequately explain discrepancies between the clients and counsellors.

An interesting area worthy of further research would be along the lines of that conducted by Argyris (Ibid.) with a follow up after the discrepancy between their belief and action has been shown to participants. Following the line of cognitive dissonance researchers (e.g. Festinger 1957), it could be reasoned that individuals



would try to reduce any discomfort felt by the discrepancy by either changing their behaviour or by changing their beliefs. Therefore, development might be seen to occur once such issues have been pointed out to an individual.

In chapter 2 (pp.76-84), the computer system, which has become known in the site of the research as 'Casework Management', was described. The system works on the premise of highlighting those cases where there was a discrepancy between scores awarded on the seven point scales within the questionnaires between clients and counsellors. Although the system had come to be used in practice for simply comparing each case that arose<sup>15</sup>, the specialists monitoring the system were using discrepancies between scoring, negative evaluations and the counsellor notes as the means of deciding which cases they would discuss with their counsellors.

The author, also a user of the system, had changed his approach from using the discrepancies between clients and counsellors to decide which cases to investigate further. The focus moved towards fairly rapidly scanning every case produced by the group of counsellors reporting to him and discussing those where:

1. It was clear that the case involved counselling, rather than counselling skills.
- and 2. There was evidence in the notes that either the counsellor had missed some possible interpretations of their own or the client's situation or behaviour.
- or 3. There was no evidence of reflection on the case in the notes, where there seemed to be scope for it.
- or 4. There appeared to be evidence in a case where there might be future implications for either the client or counsellor, which were not stated in the notes. (e.g. Dismissal for the client, a 'missed' potential solution, dependency of client on counsellor or of counsellor on client,)
- or 5. There was evidence (or lack of it) in the notes that the case might be moved forward more effectively if certain skills were used. (e.g. Immediacy)

Additionally, some cases were discussed which did not meet the above criteria in order to encourage counsellors to focus on producing notes that reflected the counselling process rather than the content of the client's problem.

What seemed to be happening was that those counsellors in the unit who were less involved in providing an advice/guidance service were tending to produce notes on

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<sup>15</sup> The system was originally designed to highlight cases where there was a two or more point discrepancy between client and counsellor scores on the seven point scale because it was believed that; 1. There would be too many cases to allow specialist managers to look at each case and so some means of highlighting cases where time might be better spent was required. and 2. Those cases where there was shared agreement on process or rapport variables would be those where benefit was perceived by clients to be greater.



the forms which were focused on their own skills use and their self-awareness during the session. Those where the notes were more content based seemed to be more concerned with information, advice or guidance provision. Whilst this was not true of all counsellors, nor of every type of case, some of the assumptions formed in the training environment and in professional development groups by the author about the ability of individuals to apply counselling approaches were reinforced by the reading of and subsequent discussions based on case notes.

The discussions proved to be popular with the author's group of counsellors. The key point that presented with many of them in the early stages was concerned with trust. To demonstrate self-awareness in their notes and in discussion, meant to demonstrate fallibility, potential weaknesses and a vulnerability. The less effective notes tended to try to demonstrate ability, strength and perfection and, on the whole, were content-based.

Exactly how trust was achieved is more about a philosophy than techniques. The author firmly believed that in order to facilitate development, it was essential to establish where an individual was currently placed on a skills / ability continuum, where they believed they should be placed, where the organisation believed they should be in the future and where the individual felt that they should be in the future. In order to gather some of this data, the organisational sanctions needed to be managed, if not minimised, and the concept of continual development needed to be bought into by all the managers within the unit.

The pursuit of the holy grail of 'openness and honesty' within an industrial setting is a familiar clarion-call of those management gurus such as Peters and others who brought 'Total quality management' and other initiatives to an unsuspecting public during the 1980's. The public had always known that such things were important but probably unachievable. Sure enough, it was rarely achieved in an industrial setting because of the way that pay and progression tends to depend on not 'rocking the boat' - openness and honesty are fine if they happen to fit with a superior's belief, risky strategies if they do not.

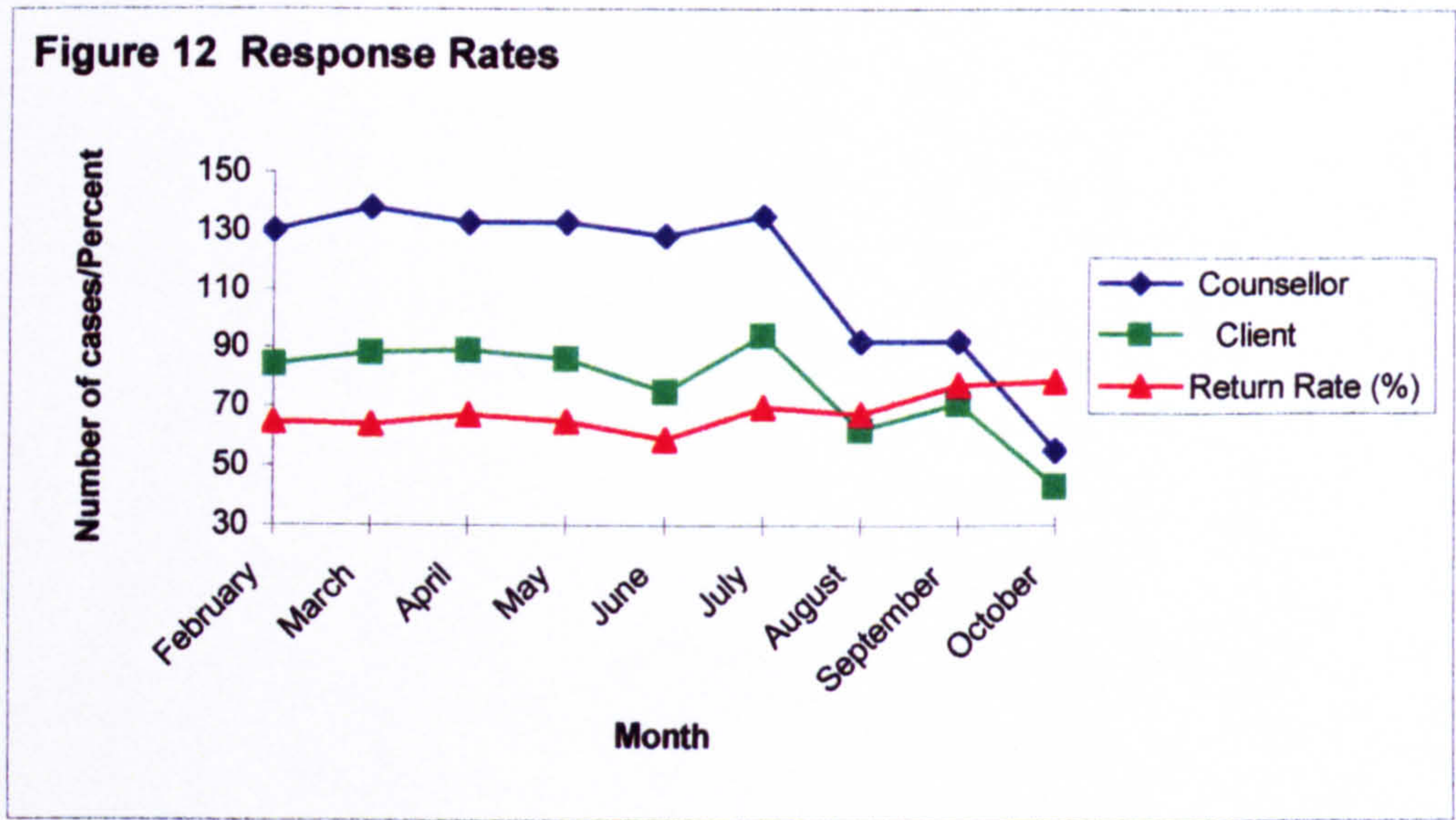
Bringing creativity, openness, a willingness to admit and own failure and a genuine desire to be the best around to individuals in an organisation is a laudable motive but achieving it with the remains of several failed management initiatives strewn around a company and the survivors of downsizing still reeling from the shock is rather like taking a group of blind people to a silent movie. There is little chance that the audience will appreciate it and probably no chance that they would agree to repeat the experience.

Nevertheless, at the site of the research the threat of 'market testing' during 1994/5 (p.43 refers) had created an environment where change and innovation were possible. Both senior managers and counsellors knew that unless the unit stayed ahead of the competition, the role would be considered for outsourcing. Counsellors, although initially suspicious of the management changes (p.46), began to accept that in order



The trust referred to above did not develop overnight. Counsellors needed to see evidence from the development specialists that showed that openness would be rewarded and fallibility would not lead to punishment. The risks taken at first were tentative. People gauged reaction before revealing more.

The piloting process for casework management helped greatly. Word soon spread amongst the counsellors that the purpose was not to form league tables, not to punish but to really encourage development. Unfortunately, pressure of (other) work on the



development specialists meant that relatively little time was devoted to casework discussion compared to the amount that had been planned. Probably as a result of this, the number of questionnaires returned from counsellors declined over time. Figure 12, above, shows the number of counsellor cases and the number of client cases received over time. The percentage of client cases returned is shown in red.

A new training programme introduced in 1996, several serious incidents such as the Manchester bombing and a range of projects took the specialists away from their core work. This resulted in a decline in the number of cases submitted over the period of the research, from around 130 per month in the first six months to around 90 per month at the end of the study<sup>16</sup>.

Whilst the reasons for the decline are open to debate, the author's own workload increased dramatically during July 1996 and no casework discussion with his own group of counsellors took place between July and November. The author believed that without the specialist's feedback to the counsellors, there was less incentive for them to give out a high number of forms. However, what is equally apparent from figure 12,

<sup>16</sup> Although there were only 55 cases submitted in October, it is likely that there were a number of late submissions which missed the deadline. The customer satisfaction statistics provided to the company were changed to be 1 month in arrears to overcome the delays, so it is probable that the same effect is being seen.



without the specialist's feedback to the counsellors, there was less incentive for them to give out a high number of forms. However, what is equally apparent from figure 12, above, is that the percentage of cases where both forms were returned increased from July onwards. This may have been due to counsellors being more selective in giving questionnaires only where they anticipated getting a response or it may indicate that as counsellors overcame their own anxieties about asking clients to complete the questionnaires they were more successful in 'positioning' the survey's purpose. Several further analyses with problem type against time and counsellor perception of benefit against time failed to reveal any patterns, so it would appear that either or both of these hypotheses may apply.

Whilst casework discussion did not occur during the last part of the first study, the author and the other specialists did examine the notes sections on the questionnaires received from both clients and counsellors. What became clear to the author during this time was that the other specialists and some of the counsellors were unclear about what 'process notes' were meant to contain. The author's own team of counsellors were, by and large, accustomed to structured group supervision (Wilbur et al., 1994) which entailed dealing with process issues during the quarterly casework discussion meetings. Some of the other counsellors who had attended the Diploma in Organisational Counselling<sup>17</sup> course were also familiar with the techniques because the author used this as part of the syllabus for personal development groups. However, many of the other counsellors claimed that they did not know what was required of them and so continued to produce content-based notes.

The author at first believed that those people who claimed to need guidance to produce what was required were missing the point. It was as though they failed to see the developmental potential of such notes and merely wanted to conform and so for several months no guidance was issued. However, eventually there was a realisation that although individuals might try to reach what they believed to be an expected standard, on the way to doing so they would have to reflect on their practice as counsellors. Quite why it took so long to dawn on the author is a matter of no consequence. The important thing being that it did.

The development of 'process' notes is the topic of the next chapter.

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<sup>17</sup> A course run by the author & tutors from the Roehampton Institute and validated by the University of Surrey.



## **Chapter 4**

### **Employee Counselling in Industry**

#### **Introduction**

In this section, the development of casework management note recording within the site of the research will be described. A method of defining 'process' notes will be suggested and some preliminary analysis of the data will be presented.

#### **Why are process notes so important?**

Previous chapters have indicated the way in which the computer programme, originally developed to look at discrepancies between client and counsellor perceptions, came to be used to scan large numbers of counsellor notes.

Whilst there was no absolute guarantee that this would lead to counsellor development, much of the training for counsellors breaks down the tasks into what might be termed 'bite-sized' proportions. (E.g. Egan (1975), Ivey & Galvin (1982)) Much of it also tries to encourage reflection by the counsellors on their work (Rogers (1942), Kagan (1975)) Process notes, focusing on the counselling process, rather than its content, by their very nature cause the counsellor to break down the process into constituent parts and to reflect through the act of writing the notes.

The distinction between process and content was highlighted by Hargie, et al (1994) when they discussed the skill of questioning in relation to research on classroom interaction. They refer to 'recall' questions, which, for present purposes, can be seen as equivalent to 'content':

“... This division of questions refers to the cognitive level at which the questions are pitched. Recall questions are referred to as lower-order cognitive questions, while process questions are known as higher order questions... Recall questions... involve the simple recall of information... (whereas) ... Process questions... require the respondent to use some higher mental process in order to answer them. This may involve giving opinions, justifications, judgements or evaluations, making predictions, analysing information, interpreting situations... Process questions are employed in situations where someone is being encouraged to think more deeply about a topic...”

(Hargie, et al ,1994, pp98-99)

Through training a number of counsellors, the author became interested in what it was that facilitated their development. Whilst training was required, exactly what this should consist of was far from clear. The author's role in selecting and recruiting counsellors indicated that a range of external qualifications labelled 'Diploma' or 'Certificate' neither indicated a skilled counsellor, nor a person who had the potential to become one. Work on the production of a new selection process (p.41) had shown that some attitudinal qualities were necessary (e.g. non-judgmental, empathic) and



that it was often, but not always, those known to be ‘wounded healers’<sup>1</sup> who ultimately proved to be the most effective from their managers’ and peers’ perspectives.

However, in selection, one only knew about a person’s past trauma if they told the selector about it and, in any case, unresolved trauma might well be detrimental to effective counselling. Furthermore, the study in chapter 3 indicated that discrepancies between counsellor and client perception on some of the aspects of the relationship were probably unrelated to the client perceiving ‘benefit’ and thus, probably unrelated to the counsellor having a ‘reflective, process’ focus. The statistical results detailed in the previous chapter might have been due to the way that factors such as ‘benefit’ or ‘non-judgement’ were defined and the ‘wounded healer’ may have merely been a coincidence or acted as a spur to apply for such work. Nevertheless, the lack of clarity was not encouraging to the notion that ‘developed’ counsellors have a particular range of attitudinal or experiential characteristics.

Having been faced with the mandate of ‘being creative’ when charged with tutoring courses and spoken to others who had experienced the same ‘freedom’, it also seemed clear that there was probably little consistency in the contents of any resulting syllabi. After reflecting on the way that individuals had changed in the site of the research, a number of tentative suggestions were developed. In short, the author looked at what had worked in his own experience.

It seemed that it was not so much the knowledge of particular techniques - although these are important; it was not so much knowledge of particular theories - although theory underpinned the notion; it was not so much experience - although experience seemed important in some ways. It did seem that many counsellors, initially at any rate, had relatively low self esteem but this was not true of all counsellors, for those with very low self esteem rarely challenged clients effectively. It also seemed that the better ones were reflective of their practice, although not all who failed to engage in reflection were unskilled counsellors. Intelligence was a factor - but (subjectively) those who appeared to be the most adept, intellectually, were not always the best counsellors. Those who excelled did have something in common - they could enter the client’s world, either through being perceptive, empathic or both. They also tended to be assertive and comfortable enough with themselves to use techniques such as immediacy and appropriate self-disclosure with clients. Most of the better counsellors were open regarding their own experiences of life with such openness being used to serve the client rather than *for* the counsellor. There was no power differential between the better counsellors and their clients. The working alliance formed was one of equality where the counsellor neither hid behind a role nor provided wise interpretation of a client’s problem. Moreover, the better counsellors considered themselves to be on a lifelong learning curve about their ‘art’ regardless of the length of time that they had spent doing the job.

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<sup>1</sup> Several Greek myths refer to characters carrying a wound as an essential part of their being (Barker, 1996). Here the term refers to counsellors who have suffered some form of personal trauma.



Given such experiences, it is hardly surprising that the author retained his belief in the importance of the Rogerian principles as necessary (but not sufficient) conditions for improvement. It could be argued that such a stance was merely a product of his own background and that individuals were selected and evaluated on the basis of meeting such criteria. Nonetheless, experience in using real issues (of other trainees) in the classroom had shown that movement forward, A.K.A. 'development', occurred when the counsellor not only had an intellectual understanding of the client's world but also an affective understanding of it. Without such understanding, even where there had been a mechanical mastery of techniques and an intellectual comprehension of theory, any challenges were likely to be lost, any client goals likely to be ill formed and any client action strategies likely to be doomed to failure.

Therefore, the training devised by the author concentrated on getting counsellors to avoid hiding behind a role or techniques. It taught the techniques, the theories and the models but insisted that they were of little value unless the counsellor was willing, and able, to bring themselves to the client. Exactly how this might be accomplished became the driver for the focus upon casework management note recording within the research.

Skills practice had formed a large proportion of the training process. During training, small segments of sessions were analysed in triads or pairs with the feedback and analysis taking a larger amount of time than the practice itself<sup>2</sup>. Where necessary, individuals were offered one to one help with a tutor to practice skills and, more importantly, to try to facilitate understanding at both an affective and cognitive level. Journalling<sup>3</sup> had been used extensively on training and outside of it and casework discussions tried to use and build on such practices. Anecdotally at least, such methods seemed to be effective in increasing the awareness of self and others in counsellors. This anecdotal evidence is lent some support from educational research. For example, Rousseau and Redfield (1980) reviewed twenty studies of teacher questioning behaviour and found greater gains in students where teachers used higher cognitive questions.

Hargie, et al (1994) add the caution that:

“... Research evidence tends to suggest that process questions may be more effective in increasing both participation and achievement of individuals of higher intellectual ability, whereas recall questions appear to be more effective in these respects with individuals of low intellectual ability...”  
(Hargie, et al, 1994, p.100)

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<sup>2</sup> Approximately 20 minutes were given to the practice, 10 minutes to live feedback and 30 minutes to analysis of videotape in the last session of an initial course. This started at around 10 minutes practice, 5 minutes feedback and 15 minutes video review in the earlier sessions.

<sup>3</sup> The keeping of a diary used to reflect on practice, feelings and life in general and its impact with the focus on the internal experience rather than outside events.



In theory, at any rate, individual counsellors in the research site should not be of particularly low intellectual ability because several aspects of the selection process were targeted at ensuring that those interviewed had ability, as judged by a number of tests of critical thinking, reasoning and, indeed, what Hargie, et al (1994) might term tests of 'higher mental processes' (p.99). Whilst this assumption was not validated in the present research by testing, it is an area where further work would generally be useful for those selecting new counsellors. All too often scant attention is paid to the initial selection process and, in the author's experience, too few organisations adequately triangulate the data on candidates through the use of varied selection methods.

So, what seemed to work practically on training courses needed to be translated into a form where counsellors might gain feedback and Socratic challenge on a more regular basis than it was feasible for the training unit to provide.

### **Aims and Objectives**

The overall aim of this section of the research was to develop some means of focusing discussions between counsellors and their specialist managers. It was also hoped that the output of the research would facilitate individual counsellors in developing a reflective process approach to their work where they were able to develop their own 'internal supervisor' (Casement, 1985). It was further hoped that the output could be used within supervision (individually or in groups) as a means of concentrating on key developmental criteria.

The objectives of the research were as follows:

- 1. To develop some form of guidance to describe the type of notes that are more likely to be process focused.
- 2. To examine and classify the counsellor notes collected during the study for evidence that might discriminate between those focused on the content of the counselling session and those focused on the counselling process.
- 3. To examine the utility of discriminating between content and process per se, and to refine the definitions for developmental purposes.
- 4. To develop and trial an instrument which might be used as a qualitative measure to highlight developmental opportunities.
- 5. To subject the instrument developed to reliability analysis and factor analysis in order to assess its split half reliability and to examine the data for groupings in particular aspects of note writing behaviours in the counsellors surveyed.



### **Methodological Considerations**

After finding that the original design of the casework management system to highlight cases where there was a discrepancy between client and counsellor scores was probably flawed in terms of facilitating development, the author decided to use the notes section of the questionnaires as the focus. Specialists at the site were therefore encouraged to discuss the notes section rather than the client and counsellor responses to the seven point scale questions. To some extent this had evolved naturally, as was discussed in chapter 2 (p.78), since the original driver for looking at discrepancies between client and counsellor scores had been to enable specialists to deal manageably with the sheer volume of casework. In practice, the computer system facilitated the rapid scanning of all cases, thereby rendering largely irrelevant the need to focus on a sample of cases by isolating only those with high discrepancy scores. However, although there was agreement from the other counselling specialists at the research site that this approach seemed sensible, there was concern that the approach to 'process' should be a uniform one applied to all counsellors by each specialist in the same type of way.

At first the author resisted this, feeling that the requests for standardisation were rather like trying to mechanise an art form. However, in counselling itself, the teaching methods often split complex areas into mechanistic parts in the early stages of instruction, and so it was considered sensible to do the same with notes, so long as the overall notion of it being more an art form rather than a mechanistic process was not lost. In order to develop the casework management notes approach, therefore, the author believed that there should be some means of assessing the method empirically. This is the main subject of this chapter.

Counsellors are probably just as prone as the rest of us to re-interpret their experience in such a way as to maintain their self-esteem. Additionally, the organisational context and history are likely to influence the degree of openness that an employee - in this case a counsellor - is willing to risk. Therefore, it would make sense to assume that a degree of post-hoc reasoning would cause any notes to be a non-accurate description of what occurred. In order to check for such inaccuracies, some additional measures were therefore required.

In the site of the research counsellors regularly tape-recorded sessions (with client permission) for their own development. Of itself, this encouraged reflection but, coupled with casework discussion in the regular development groups, external supervision and one to one discussion with the counselling specialists, the organisational culture was also, to some extent, managed.

Thus, it would appear that some of the resistance to openness, previously characteristic of the counsellor within the organisation, was reduced and tape recording and case discussion also provided an intermittent validation check on the



notes. The complexities of the organisational context should, however, never be underestimated but anecdotally, at least, the researcher perceived improvements.<sup>4</sup>

Exactly what constitutes process notes and when they should be done are more difficult questions and further account had to be taken of the history of the research site in order to implement any changes:

To insist that notes should be completed 'only where counselling has occurred' (as opposed to where counselling *skills* have been used) would run the risk of missing those cases where counselling *should* have been offered by the counsellor. To insist that they should be done on every case was likely to cause extra and unnecessary work for the counsellors because, in an industrial setting, other roles are performed (Carroll, C., 1994) and so some of the work would not be counselling. However, as the casework management system had come to be used to generate data on client satisfaction and other management statistics, such a change in its use would have had major implications and so it was decided to try to use the existing data from the study described in chapter 3 to formalise the required nature of the notes before introducing major organisational changes. An understanding of the organisational and historical context is crucial to understanding how the changes were eventually introduced and, therefore, some of the pertinent issues are discussed in the following section. (A broader overview of the research site was provided in chapter 1, pp.40-43, pp.45-47)

Many of the more experienced counsellors had been originally taught to write 'Welfare reports' on the G.P.O. 'Report writing course'. This approach was originally devised to render the written case file to be an objective account of the interaction between the two parties that would stand cross-examination in a court of law or industrial tribunal<sup>5</sup>. There was no place for opinion, conjecture or assumption. For example, much use was made of such phrases as 'The client told me that...' even where the evidence strongly supported a notion. So, a client in a hospital bed with leg in plaster following a serious road accident might be reported in the notes as: 'Mr Scroat told me that he had sustained a broken right leg in an R.T.A.'. Thus, some of the counsellors had been trained to produce content notes and to avoid writing about process.

Additionally, Welfare Officers were recruited in the site of the research, amongst other reasons, because they possessed objectivity and did not allow their own opinions to affect their judgement. Whilst both qualities are also necessary in counsellors, the way that such qualities were applied undoubtedly resulted in differences.

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<sup>4</sup> Obholzer & Roberts (1994) provide a fascinating view of the organisation / individual viewed from a psychodynamic perspective which highlights some of the spill-over between individual and organisation and which influenced the researcher to believe that it might be possible to stimulate individual counsellors toward openness by trying to create the right environment within the counselling unit, which the author could influence, whilst acting as a buffer between it and the larger organisation, which the author felt he could not influence.

<sup>5</sup> The author attended such a course in his basic training & inspected the tutor brief for the course whilst working at the Welfare Training Unit at Manor Gardens in London.



The organisational culture during the welfare era was one where senior managers looked for evidence of detachment from casework combined with commitment to the role, which, in reality was probably a contradiction in terms. A key attribute of the Welfare Officer was practical knowledge (about benefits and rules, rather than that about the human personality). The consequence of this bias was to minimise discussion of cases that went wrong and to virtually eliminate discussion of the inevitable insecurities that dealing with people in an intense one to one situation can bring; To get a case 'wrong' or to lack the information or knowledge or the means to obtain it was seen as unprofessional; To have difficulty with a particular client was invariably interpreted as evidence that the Welfare Officer's own value system, attitudes or beliefs were interfering with the ability to deal, professionally, with the case.

The introduction of counselling into the organisation had probably disempowered those whose credibility rested on knowledge of social welfare and company benefits or processes and faced them with being, in their own perception, at the foot of what was seen as a very steep learning curve.

In the former, Welfare, organisation, the professional was knowledgeable, detached and objective. In the Counselling organisation the professional was also knowledgeable, detached and objective but the knowledge base was different (psychology rather than benefit and rule based). Detachment was also seen by some as different, even though, arguably, there should have been no difference. Some former Welfare Officers argued that their prime responsibility was to understand the client's problem situation. However, the author's experience of one particular client in the first six months practicum as a Welfare Officer had taught him the importance of taking each client as a unique individual and dealing with the affective as well as the matter of fact.

As part of his welfare training, the author had been trained as a debt advisor and during a particularly busy period, a client had presented with relatively manageable debt problems with the exception of the pending eviction of himself, his wife and two children from their rented accommodation. In objective terms there was a clear priority - of keeping the roof over the family's head. Coincidentally, the author knew the housing manager where the client lived and so telephoned him whilst the client was present, confident in the knowledge that the case could be sorted out quickly and easily.

Clearly, in counselling terms, the individual was treated here as a debt problem rather than a unique human being with a unique problem situation and the 'helper' had also taken ownership of the problem - both of which were doomed to end in failure.

The author convinced the housing manager to suspend the eviction order on the basis that the client would regularly pay the rent in future and, additionally, would pay one penny per week towards the arrears (which would take over 1000 years to repay!). The author cheerfully relayed the deal to the client who would not agree to the terms, thus causing the author some confusion and, internally at least, anger. After a further



30 minutes the client left and the author, still confused and now rather embarrassed, telephoned the housing manager to explain that the client had refused to accept the deal.

Some weeks later, the client re-appeared, wanting information about divorce proceedings. It quickly became clear that the reason he would not accept the deal offered earlier was that his desire was to split-up with his wife and the eviction was his way of achieving this. Had the author counselled the client, a better solution would probably have been found without too much effort by either party and his wife and children would not have had to spend several unpleasant weeks in bed and breakfast accommodation.

Rogers, Gendlin, Kiesler and Truax (1967), discussing the provision of therapeutic ambience by the therapist in the counselling endeavour describe the antithesis of this sad example of the application of knowledge of the 'system' without taking into account the unique individual. They stated that empathy requires the ability to:

“... accurately and sensitively understand experiences and feelings and their meaning to the client...” (Rogers et al, 1967, p.104)

Thus, in the example, the focus was on experience (but neither accurately, nor sensitively) and feelings were almost certainly neglected, as was the meaning to the client.

Empathy also needs to be communicated back in some way, even non-verbally, for it to be of value. However, if the counsellor entered the client's world to the extent that contact with his own was lost totally, then he would be unable to bring objectivity to bear, for example, by appropriate challenging.

Thus at a surface level, some of the terms are the same for both Welfare Officer and Counsellor (e.g. objectivity, detachment, knowledge) and even at a deeper level it could be argued that a successful outcome in welfare is the same as in counselling and is dependent upon the same conditions. However, at the surface level, many cases *were* solved by the application of knowledge or the giving of accurate advice and so it is easy to see how some of the former Welfare Officers, whose practice had never received the 'gift' of indirect feedback on their casework, could feel that the practical approach was the best one. Added to this is the effect of the possession and dispensing of expertise on the ego. To have no answers is indeed humbling for the individual whose self image has been bolstered by an 'information is power' mentality. Where such an approach is deeply embedded in the organisational culture in which the individual has worked, the difficulty in making the transition should become clear.

To move some people to 'process notes' was, therefore, not considered an easy task, nor one which would be accomplished quickly. Even though counselling had been formally sanctioned within the unit for around ten years towards the end of the initial data gathering, there was still resistance in some parts of the organisation to



acknowledge its impact upon the counsellor and in many ways this came down to the individual's definition of 'professionalism' and its roots lay deeply embedded in some of the former Welfare Officers' concepts of themselves.

So, it should be clear that simply introducing the idea of writing 'process notes' and expecting the whole of the intended audience to immediately comply would have been naive to say the least. However, those who were stuck in a content or knowledge based approach also, commonly, brought with them another aspect of the former civil service culture that was used to gain a foothold for process. In short, this was the desire to comply, or at least to 'not be seen above the parapet'. By setting the 'correct' approach out more clearly, it was expected that some people would continue with a process focus, others might improve and those resistant to the ideas would attempt to comply. Through compliance, the latter group would be exposed to the potential benefits of the approach, realise that openness was rewarded rather than punished, accept that 'failure' was really seen as a development opportunity and ultimately, their resistance would decrease as they saw the advantages that could be gained. As is clear from this, there was also a need to lead by example rather than carrot and stick.

Essentially, the approach to 'process notes' derived from Kagan's (1975) interpersonal process recall method together with an adaptation of the journalling process, commonly used in counselling training and owing something to Progoff (1975) who talked about journalling as

'...self discovering self...' (p.88).

Whilst it was not expected that the casework management notes would display as deep an insight into the counsellor's personal world as their journal might, it was hoped that the casework method might lead to reflection at a deeper level by the counsellors. The author's ultimate aim was to encourage reflection as a normal part of the counselling endeavour rather than something that only happened on training events. It was also hoped that those counsellors that Stoltenberg (1981) might describe as 'inner directed' would benefit merely by writing and reflecting on their notes and those he would describe as 'other directed' would benefit through discussing the notes with their in-house supervisor. (See chapter 1, p.28 for a discussion on Stoltenberg's work)

From a practical and ethical viewpoint, it was also important that the notes related to the counselling process rather than content or pure opinion about content aspects of the case, since, although from a business viewpoint it was impossible for anyone other than the counsellor to associate the particular notes with a particular client, in legal terms the process notes were part of the company's records. Consequently, if they referred to the particular case, it could be argued that they should be open to inspection by the client under the data protection act or by the company's lawyers where a client engaged in litigation against the company. As a company, such access would be practically impossible to give since only the counsellor could associate client with the case. However, because the personal data on the system related only to the counsellors, it was argued with the company's legal department that the records



on the system related to the counsellor and not the client - thus allowing counsellors access but not the client, in the same way, for example, that a client would not be allowed access to the counsellor's annual performance appraisal. The legal department in the host company did not accept this argument and because it was likely, eventually, to be tested (by the legal department), much consideration was given to the status of the note fields on the system.

A number of solutions were considered. First, it was proposed that the system should automatically re-number the cases, retaining the data links between client, counsellor and system variables whilst losing the link to the counsellor allocated case number. Whilst this was perfectly acceptable from the research point of view, it would have resulted in the counsellor being sometimes unable to connect the client with the data and thus prevented effective case discussion. The second proposal; that such re-numbering should only happen after the case had been discussed was perfectly feasible from a programming standpoint. However, such a move would have required the writing of another computer programme which would manipulate four, large, relational databases and their associated index and memo files. Thus the association between the client and data files would be lost as soon as the case had been discussed but would exist as long as the specialists required the link. This was initially the chosen option but a number of the computers in the host organisation were rather old and probably had insufficient memory to manipulate all four data files and the main programmes at the same time. So, although preferred, it was not really a pragmatic solution for the research site. Furthermore, if a specialist failed to check a case, Murphy's law dictates that the unchecked (and still present) notes would be the very notes required for litigation.

In fact, the solution adopted was rather less complex. In reality, the notes on the counsellors' casework management files were only required until they had been checked by the specialist and, in some cases, discussed with the counsellor. The original vision for casework management had been to have the counsellor - specialist aspects of the system on-line in order to ensure that cases were discussed as soon as possible (within 48 hours) after the first session of the case had been completed but resources were not available to put the system on-line during the period of the research. Nevertheless, the specialists would be unlikely to wish to discuss a case with a counsellor if it had happened some time before, and so a short computer programme was written which deleted all memo fields<sup>6</sup> from the counsellor database which were older than two months. By retaining the rest of the data, including the specialist's notes, issues such as counsellor progress could be monitored and trend data could still be generated. In addition to the system changes, counsellors were advised to destroy any paper versions of the casework management forms after a period of two months.

So, although the computerisation facilitated the scanning of large numbers of cases, it also raised some serious ethical issues which, whilst not exclusive to the organisational context, are probably more common in that environment than in

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<sup>6</sup> Memo fields are those in a database which contain text notes rather than numerical data.



private practice. Although it is probably true that counsellor's notes, if correctly process focused, would have little bearing on the majority of court issues, it is not hard to imagine a situation where a counsellor might offer a hunch about a client which a wily barrister might later misuse. Therefore, the struggle to maintain confidentiality, which at times can seem almost paranoid, is, nevertheless, essential.

For several months, the counselling specialists encouraged counsellors to move toward a process focus in their notes through individual and group case discussion. Intermittent tape recordings were also used by counsellors (with client permission) to facilitate and check the scope. However, although the author felt that the approach seemed to be working the two other counselling specialists at the research site argued that there was insufficient specification as to what constituted 'process' recording.

The author felt that this was another attempt to 'mechanise the art form' and offered suitable references to them on the supervision literature. It was, however, undeniable that the definition of what process constituted was inevitably still rather subjective -or to put it rather more pretentiously, 'still at an early stage of theory building' and it was also undeniable that the author's original intention had been to develop a more formal measure.

So the next step of the research was to develop a set of criteria which would enable anyone with a reasonable understanding of counselling terms and language to classify the data in the same way in which the author had done and thus to be able to distinguish content from process. It was also decided that for any categorisation scheme to be of value to the counselling specialists, some means of identifying high and low quality process work would be required, so that the production of quality process work might be reinforced in the counsellors.

Whilst it at first seemed that differentiating content and process was relatively straightforward, classifying 'quality' within process was more difficult and, inevitably, more subjective. The key factor was to ensure that, as far as practically possible, those notes scoring higher on any process measure were also indicating something more than technical mastery and mechanical analysis of a range of microskills. In essence, high scoring process notes needed to denote the 'artist' whose values and attitudes were evident through the notes and low scoring notes needed to denote the 'technician' or the person who, intellectually, knew the game to play but was not displaying the attributes of a skilled counsellor.

The prominence of 'microskills'<sup>7</sup> or communication skills training during the 1970's and 1980's as *the* way of training counsellors resulted in something of a backlash against the approach. Rogers (1975), discussing empathy, referred to his earliest recollections of the use of the technique of 'reflection' in his own development and how he believed that focusing upon the therapist's responses had led to a distortion of the client centred approach:

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<sup>7</sup> Ivey & Authier (1978) developed one of the main approaches to breaking down constituent parts of the counselling interview into teachable skills such as reflection and summarising.



“... this tendency to focus on the therapist’s responses had consequences which appalled me... The whole approach came in a few years, to be known as *a technique*... I was so shocked by these complete distortions of our approach that for a number of years I said almost nothing about empathic listening, and when I did it was to stress an empathic attitude, with little comment as to how this might be implemented in the relationship...”

(Rogers, 1975, p.3, italics added)

Egan (1975,1982,1986,1990,1994) in successive editions of “The Skilled helper” tried to move the emphasis, which he saw in some training programmes, from communication skills of the model and in the fifth edition (1994), devoted a whole chapter to ‘Building the helping relationship: values in action’(p.46) In this he refers to:

“... A client-centred working alliance... (where there is)... hard work on the part of both client and helper... the term *alliance* denotes a pragmatic partnership, one related to results. The idea of the one perfect kind of helping relationship is a myth. Different clients have different needs, and these needs are best met through different kinds of relationships. One client may work best with a helper who expresses a great deal of warmth; another might work best with a helper who is more objective and businesslike...”

(Egan, 1994, p.48, italics in original)

So the task of building a measure which did not focus too closely on the mechanical aspects of counselling was what was required. It would have to be able to accommodate the range of appropriate relationships mentioned by Egan, (1994). It needed to acknowledge references to the conditions of helping, the relationship aspects, theoretical perspectives, evaluation of skill use, counsellor perception, hunches or feelings, evaluation of value to client or evidence of effect on counsellor.

Clearly, attempting to incorporate so much in a single measure would render it so complex that it could not be used easily in a practical way. An example of an attempt by the author to delineate such areas for counselling is shown at appendix 3. This built on an earlier (1992), unpublished, version with fewer categories developed by the author. In the system, ‘professional and technical competencies’ were split into eleven key competency areas, but as the document’s introduction shows, much caution was needed to use the measures effectively. In practice, it was developed, primarily, to help when reviewing videotapes of counselling sessions in training where the ‘problems’ of the trainee were not readily apparent. In this capacity, it was successful but as the reader will appreciate, its rather lengthy lists of behavioural indices would not easily translate into a measure which might be of use in reviewing case notes.

Another methodological consideration is crucial to understanding the rationale in what follows. It was accepted from the outset that developing a process measure would be inevitably subjective, at least in the early stages of iteration. In order to



decide on relevant criteria, some qualitative decisions would have to be made and these may be different to decisions that might have been made by another researcher. Largely because of this, it was felt important to ensure that as far as possible the work should be replicable.

It is important to understand that the product of this section of the research was intended to be a qualitative measure that might be used to facilitate counsellor reflection. It was not intended to produce a scale that could be used to award 'marks out of ten' but one where the counsellor might be encouraged to focus on different aspects of their case notes in order to facilitate reflection that, in turn, might lead to the development of greater self and other awareness.

Particularly in the organisational environment, there is always a danger that an instrument designed to distinguish between one type of product and another will be used to distinguish between good and bad or right and wrong. Operating in a corporate structure where objectives, accountability and the bottom line are central, it is to be expected that some people may seize on a means of classification in order to 'hire and fire' or to reward and punish. So, positioning the use of any measure in the organisation is crucial, as introducing a measure without taking into account the culture in which it is to be implemented may well result in more harm than good being done.

Finally, the nature of this section of the study is rather more qualitative in vein and, whilst the study is discussed after the presentation of results, some discussion is included in the results section in order to assist the reader in following the development of the study.



## Method

In June of 1996, a two page handout was sent to each counsellor and specialist containing a selection of questions which were designed to help counsellors to focus on the process aspects of their work, whilst retaining a small content based section to aid the specialists' understanding, once the notes had been added to the casework management computer system.

The questions were divided into four main areas:

1. The problem (content based, no more than two short sentences)
2. The hidden factors
3. Some of the skills used
4. The effect on *you* (i.e. the counsellor)

The main questions from the last three sections of the guidance note are reproduced in figure 13, below.

**Figure 13** Guidance questions for counsellors and specialists

### *The hidden factors*

What were the underlying factors that impacted upon the experiences of the client?

What were the underlying factors that impacted upon the behaviour of the client?

What were the underlying factors that impacted upon the feelings of the client?

What was the client not saying?

What are your hunches?

How did you follow up on your hunches?

### *Some of the Skills used*

What was the rational behind your approach, or the way you intervened?

Which interventions are you most comfortable with?

Which interventions are you least comfortable with?

How did you support the client?

How did you challenge the client?

How effective was your use of empathy to develop the clients' range of possible futures?

How effective was your use of probing to develop the clients' range of possible futures?

How effective was your use of imagination techniques to develop client possible futures?

Was the client showing reluctance or resistance, and if so how did you overcome this?

Did you use immediacy?

If so, what did you do?

### *The effect on you*

What was happening for *you* during the session?

Was there anything in particular that raised issues for you?

If so, how will you deal with this?

Following the session, how do you feel about the client?

Can you see them being able to change their present situation?

Was the client prepared to accept ownership of their problems, or did they want you to provide solutions for them?

How do you feel about this?

Are you happy with the terms of the contract you have mutually agreed?

If not, what would you like to change?



The questions were not meant to be definitive, there were many other questions that could have been usefully asked, but they were meant to encourage awareness and impact of self, other and of skills use. The deliberate inclusion of the content based section was intended to help specialists to gain an understanding of the client's situation and also to develop the discipline in the counsellors of getting their points over succinctly - in other words, to wean them away from content and banal objectivity by deliberately limiting them to a couple of sentences on content and encouraging more detailed writing on process.

In order to develop a coding system for process notes, it was decided to produce a set of indicators that might discriminate between content and process. The original intention had been to validate the measure by providing a range of 'experts' and non-experts with a selection of counsellor's notes (with all other detail removed), together with the draft measure and to ask them to categorise the notes using the measure.

As a first step in gaining clarity about process, each case from the earlier study where both forms existed, where client benefit was scored between one and seven on the seven point scale and where the case had been 'face to face' and 'new', was manually scanned by the author. (N=510)

Cases where the counsellor had only recorded a few words indicating that the case involved only advice, guidance or information were excluded from analysis<sup>8</sup>. This left 477 cases which were new, face to face, scored within the scale by clients on the 'benefit' variable, where both forms were returned and where there were more than a few words indicating either content or process of the session.

All 477 cases were then further analysed to separate those where there was only detail in the counsellor notes relating to content of the client's problem. Those where there was evidence of more than simply the client's problem were judged for the purposes of the first stage of the research to be 'process notes'.

As the next step in defining process, each of the notes initially classified as process in the research data set (N=321) were examined in turn and the key elements which rendered them either 1. Useful from a developmental point of view, or 2. Notes referring to the counselling process<sup>9</sup>, were listed. (A selection of extracts from counsellor notes is shown in Appendix 4) This resulted in a number of cases that had formerly been classified as 'process' being regarded as having little value developmentally or, alternatively, as wrongly classified. (i.e. they were definitely content) Primarily because of the different results obtained on separate occasions, all 510 cases in the original 'new, face to face' sample were re-analysed to check for correspondence between the coding sessions.

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<sup>8</sup> Around 30 cases were excluded from analysis because the counsellor notes merely stated : 'CV advice', 'Financial problems', 'Benevolent fund case', 'CV/Interview/Skills analysis' or similar.

<sup>9</sup> Although based on the author's opinion, this was based on much of the literature discussed previously.



The key attributes that seemed to define the different types of notes were extracted from the data and put together in a draft measure. The initial intention had been to keep this as simple as possible and so it was decided to try to use one item which might indicate content (Type 'A') and one which might indicate process (Type 'B') for each pair of statements within the measure.

In order to validate the measure's usefulness, two fictitious sets of notes were developed. The first of these was designed to agree with all of the process statements (Type 'B') and the second was designed to meet none of the process statements and most of the content statements (Type 'A'). Additionally, eight sets of actual counsellor notes were selected by computer generated random numbers and identifying details (such as names, locations etc.) were changed to maintain confidentiality. The notes generated are shown in appendix 5 along with the covering note explaining the criteria. Some of the categories were reversed to account for possible response set and the marking frame is shown on each of the case notes.

The statement measure and ten cases were sent by mail to a group of 20 counsellors at the research site with return addressed stamped envelopes. Half of the group had as a minimum qualification the certificate of counselling in organisations and four out of ten were graduates. The other group consisted of individuals who had enrolled on the 1997/98 certificate programme but had not started their studies at the time of completing the exercise and none of them were graduates. The certificated group also tended to have more counselling experience<sup>10</sup>.

Although it was originally intended to ask the participants to identify their return by putting their names on the form, because of the drive towards process in the research site, it was decided to omit this section. The counsellors' pay increases were determined by their professional performance as judged by their specialist manager and the author managed a number of the individuals surveyed. It could, therefore, be perceived by some of the counsellors as an assessment that could have a bearing on their annual performance pay. This was unfortunate, because the results could have indicated differences between the two surveyed groups but such decisions are part of the necessary compromise that has to be made as a practitioner-researcher.

Data analysis was completed in several stages. The central interest was whether the type 'A' and type 'B' statements could adequately discriminate between different case notes. So, although each of the items could be answered as type 'A' (coded as '0'), type 'B' (coded as '1'), neither type 'A' or 'B' (coded as '2') or don't know (coded as '3'), the main interest was whether types 'A' or 'B' had been selected rather than 'neither' or 'don't know'. The purpose of the study was to refine the criteria in order to produce a more robust measure.

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<sup>10</sup> The certificated group had a range of counselling experience from 3.48 years to 9.18 years, with a mean of 6.64 years and standard deviation of 1.88 years. The non-certificated group had a range of experience from 1.18 years to 8.93 years, with a mean of 4.40 years and a standard deviation of 2.7 years.



The second point of interest lay in the overall quality of the notes against the stated criteria. In this case the total number of type 'B' scores on all items were used to derive a 'score' for each respondent and case. Additionally, those criteria that had received 'don't know' or 'neither' responses were examined to see if the criteria could be improved in any way.

As a result of the responses received, the statements relating to counsellor notes were refined. This was achieved primarily through examining 'neither' responses because, by definition, a group of statements with a 'neither' response was not considered to be either type 'A' or type 'B'. Additionally, 'Don't Know' responses were also investigated.

Having refined the statements, these were combined into a revised measure and a sample of counsellor data were reanalysed against it. The purpose of the analysis was to check that the revised statements were usable in practice and that ambiguity had been removed, as far as possible.

In order to examine the measure's reliability, an analysis was completed in SPSS™ using the split half method.

Finally, a factor analysis was completed. This procedure was used principally because it might have been possible to group statements with the possibilities of simplifying the measure or of identifying groups of target behaviours.



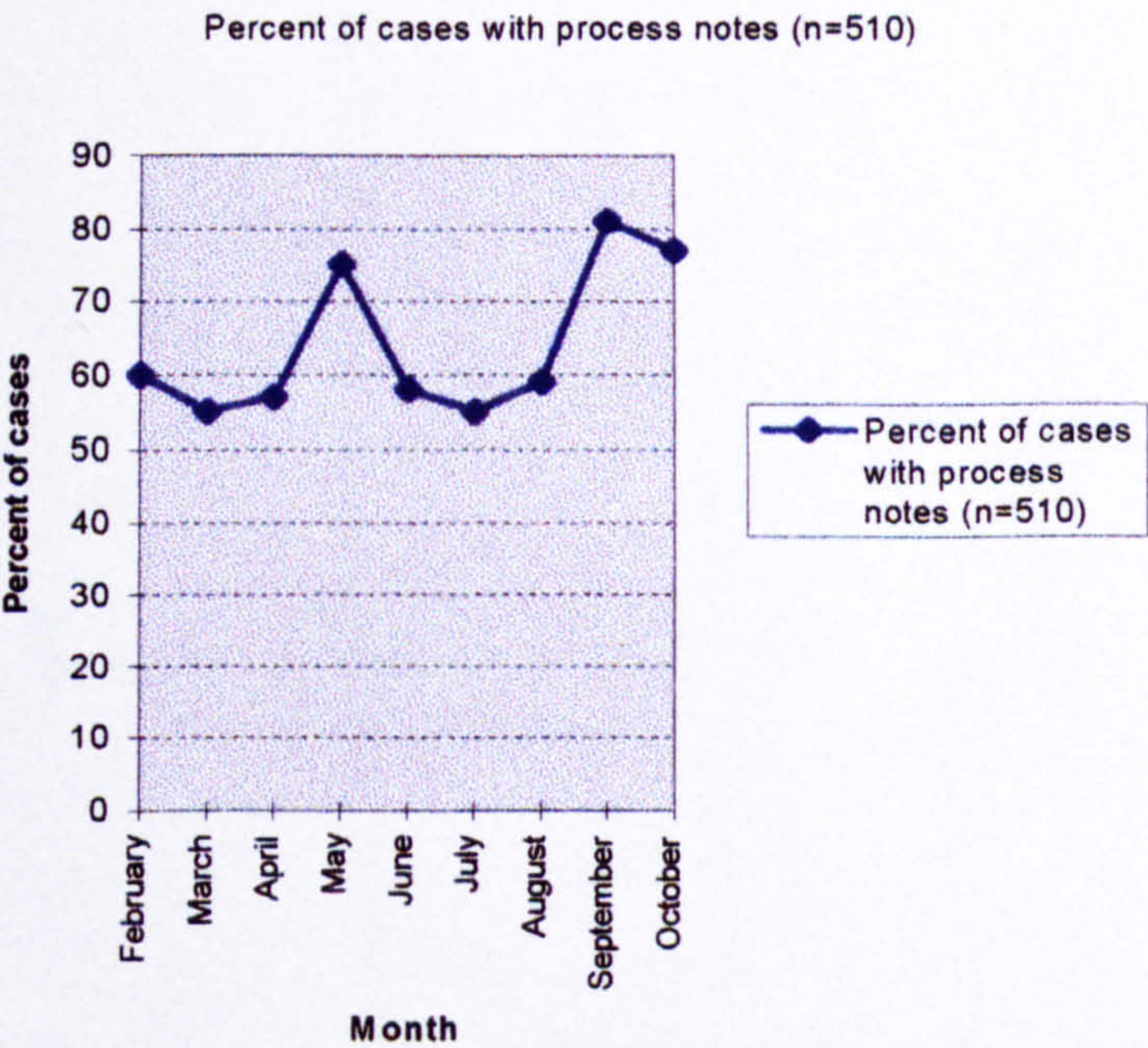
Results

1. The development and implementation of the initial guidance note

Generally, the move to process note writing went reasonably well following the issue of the guidance note discussed above (Figure 13, p.142). Whilst the guidance was generally well received, two counsellors provided case notes with each question answered, even though not all of the questions were relevant. This further reinforced in the author the belief that some individuals were trying to meet what they saw as the requirements of management, rather than taking development opportunities. Nonetheless, the guidance note provided the start of an attempt to try to formally describe what process notes should look like, not only to aid the specialists and counsellors but also to facilitate further research on the way in which process notes might be used to aid counsellors' development.

During the period of the research, 321 cases (62.9% of the original 510 cases) were identified which showed some evidence of a process focus, ranging from minimal identification of skill use to detailed examination of the counselling process with little reference to content. Figure 14 below shows the percentage of new, face to face cases which were classified as 'process' on a month by month basis.

**Figure 14** The Percentage of casenotes initially classified as 'process' in the site during part of 1996





## **2. Examination and classification of counsellor notes for evidence that might discriminate between those focused on the content of the counselling session and those focused on the counselling process.**

As described in the section on 'method' (pp.141-143), the initial classification process went through several iterations. Figure 14, above, showed that when the simple classification of process as 'being something more than content' was applied, it was possible to distinguish between cases but reanalysis was required to specify what 'something more than' actually meant.

The analysis demonstrated some common themes. A reference to skills use or evaluation, counsellor perception, hunches or feelings, evaluation of value to client, consideration of process within session or evidence of effect on counsellor were examples of the type of issues considered that were judged to be something more than content.

No case notes that had previously been categorised as content were re-classified when looking for developmental potential or process (They were definitely content). Twenty-five cases that had previously been judged to be process were rejected as content masquerading as process. There were a number of key indicators for 'content' and a number for 'process', although it became clear that 'process' and 'content' were not really accurate terms. The discrepancies had arisen largely because some counsellors were using language that at first appeared to be going beyond the content. For example, some had described the client's comments on the benefit that the client perceived in such a way as to imply that the counsellor was reflecting on the session. In fact, the counsellor was merely reporting (or elaborating on) what had been said.

On the face of it, some of the counsellor notes could be seen as content but they may have been showing some evidence of process awareness that might be developed. For example, the following extract from notes appeared to be describing only what occurred in the session:

“... Concentrated on looking at strengths and weaknesses and confidence boosting...”

However, in the original context, the client in this case had presented as wanting a C.V. checked and so the counsellor may be showing evidence here of an intervention plan and appears to be looking at underlying, rather than presenting, issues.

Such intricacies made the development of criteria able to distinguish between the types of notes extremely difficult and almost certainly unreliable because to some extent, motive was being attributed to counsellors when this was not explicitly stated.

Nevertheless, it became clear that a simple distinction between process and content was probably of little value in facilitating counsellor development and yet in day to day practice, it appeared that there was value in getting counsellors to write about more than content. The criteria that appeared to indicate a more useful division than what began as 'content' and 'process' notes are summarised below in table 30.



<b>Table 30 Differentiation of counsellor notes</b>	
<i>Notes with little or no developmental value – commonly content focused Type ‘A’</i>	<i>Notes with developmental achievement or value – commonly process focused Type ‘B’</i>
1. Report what occurred with no reference to evaluation or effect of skills use.	1. Evaluate impact of skills or core conditions in terms of within session outcome
2. Describe physical or psychological features of self or client with no reference to the impact of them or the associated feelings	2. Describe physical or psychological features of self or client, the feelings resulting from them and their impact in the session
3. Provide no reference to hunches held by counsellor or refer to hunches where counsellor withheld them from client.	3. Refer to counsellor hunches regarding the client, their problem situation or the likely outcome and justify where a hunch is not shared with the client
4. Describe session in terms of linear development of case without referring to specific counsellor interventions which prompted development	4. Describe session in terms of development of case and refer to specific counsellor interventions which prompted development
5. Focus on client with little or no reference to interventions	5. Focus on counsellor and refer to counsellor interventions with some evaluation of them
6. Mention affective impact on client with little or no reference to interventions	6. Mention affective impact on counsellor and refer to counsellor interventions
7. Mention cognitive impact on client with little or no reference to interventions	7. Mention cognitive impact on counsellor and refer to counsellor interventions
8. Do not demonstrate awareness of breaches in personal boundaries or professional standards	8. Demonstrate awareness of breaches in personal boundaries or professional standards
9. Take the form of counsellor observation on client or case	9. Take the form of counsellor describing initial impression of client, any intervention strategy followed, specific intervention leading to specific result, leading to specific intervention, result etc. etc.
10. Do not refer to self or client development	10. Refer to self or client development
11. Do not evaluate self or client development	11. Evaluate self or client development
12. Do not mention referral	12. Mention referral of clients, where appropriate, to more suitably qualified professionals
13. Do not mention the ‘taking of clients to supervision’ or do so inappropriately	13. Mention that ‘client was taken to supervision’ appropriately
14. Give little or no theoretical references	14. Refer to theory where appropriate which is consistent with practice.

With some of the notes it was clear that, although the counsellor was using terms related to process, they either misunderstood the term or were trying to *appear* to write about the counselling process. For example, one counsellor stated that:

“...immediacy revealed [the client] had been drunk at work prior to being on sick leave for depression...”

This seems to indicate that either the counsellor did not clearly explain how immediacy led to the revelation or that the counsellor misunderstood the term ‘immediacy’. This point is developed in the discussion.



### **3. Examination of the utility of discriminating between content and process per se, and refinement of the definitions for developmental purposes.**

Probably the most useful finding ('realisation' might be more accurate) from reviewing the counsellor's notes was that the simple distinction between process and content was not particularly helpful. It did not seem that more experienced counsellors were writing process notes and those less experienced were writing content. Indeed, some of the process notes were little better than those on content and those that appeared to be about content may have had some underlying notion of process running through them.

It could be argued that, by and large, content based notes show the greatest potential for improvement, simply because they show no reflection. However, many of the counsellors who seemed to be writing about process were doing so in a detached sort of way that probably indicated awareness of the skills without any real reflection or involvement. So there was, arguably, little difference in the developmental potential between the notes coded as 'process' and those coded as 'content'. Nevertheless, the notes coded as type 'B' (table 30, p.148) appeared to show a more reflective process focus than those notes coded as type 'A'

The criteria that had emerged (table 30) thus appeared to give a fairly good definition of what was expected by way of notes which seemed to indicate aspects of the reflective and professional practitioner (Type 'B'). Although a few of the existing notes were already moving in the right direction, there were none that could act as an exemplar. Therefore, it was decided to write some 'fictitious' notes with a view to obtaining feedback from a group of counsellors at the site as to the usefulness of the criteria.

As mentioned in the section on 'Method' above (p.144), the first two cases were entirely fictitious and written by the author with the aim of providing one case where the majority of process criteria were evident (Appendix 5, case 1) and one where very few of the process criteria were evident (Appendix 5, case 2). Cases 3-10 were based on notes submitted by counsellors during the study. These were randomly selected by computer generated random numbers. Each of these was modified to disguise the original case. (For example, by changing the names of towns, and people to whom the client referred) Nineteen counsellors returned forms during the survey (95%).

So, each participant was expected to examine each case note and to classify that note against all fourteen pairs of statements shown in table 30, (p.148). The possible options for each casenote on each pair of statements were i. Type 'A', ii. Type 'B' iii. Neither type 'A' nor type 'B' or iv. Don't know. Only one response per pair of statements was possible.

Tables 31 and 32, below, show the results for type 'A' and type 'B' statements by case, respectively. Thus in table 31, eighteen counsellors judged Case 1 to: Describe physical or psychological features of self or client with no reference to the impact of them or the associated feelings (statement pair 2, type 'A' notes). As counsellors could only mark one category ('A', 'B', 'Neither' or 'Don't Know') for each of the



fourteen pairs of statement in each case, an ideal result would contain all responses within tables 31 and 32. In other words, every case would have all fourteen statement groups marked as 'content' (type 'A') or 'process' (type 'B') and *no* case would have any statement pair marked as 'neither' or 'don't know'. So, all nineteen respondents should ideally be contained within tables 31 and 32. Therefore, by considering tables 31 and 32 together, some measure of the effectiveness of the type 'A'/'B' distinction can be obtained. Any combined pair of cells that do not total 19 must, by definition, have some responses in the 'neither' or the 'don't know' categories.

**Table 31** Number of type 'A' notes<sup>11</sup> recorded by case and statement group

<b>Group</b>	<b>Case 1</b>	<b>Case 2</b>	<b>Case 3</b>	<b>Case 4</b>	<b>Case 5</b>	<b>Case 6</b>	<b>Case 7</b>	<b>Case 8</b>	<b>Case 9</b>	<b>Case 10</b>
<b>1</b>	1	19	17	14	8	2	1	2	14	7
<b>2</b>	18	10	9	7	6	2	0	2	6	9
<b>3</b>	0	14	16	16	7	4	4	11	11	15
<b>4</b>	2	10	14	11	6	4	1	5	8	6
<b>5</b>	1	12	17	14	7	5	1	0	11	8
<b>6</b>	1	2	10	13	12	3	2	5	4	7
<b>7</b>	3	0	4	8	8	2	1	1	4	2
<b>8</b>	2	6	4	3	6	1	1	2	1	3
<b>9</b>	0	9	16	16	7	7	5	6	13	10
<b>10</b>	1	14	11	8	1	1	3	3	13	11
<b>11</b>	2	15	16	12	4	7	4	9	10	10
<b>12</b>	3	0	6	3	4	11	10	11	8	7
<b>13</b>	11	15	15	13	12	13	12	13	15	12
<b>14</b>	1	16	19	17	15	15	13	14	17	17

**Table 32** Number of type 'B' notes<sup>11</sup> recorded by case and statement group

<b>Group</b>	<b>Case 1</b>	<b>Case 2</b>	<b>Case 3</b>	<b>Case 4</b>	<b>Case 5</b>	<b>Case 6</b>	<b>Case 7</b>	<b>Case 8</b>	<b>Case 9</b>	<b>Case 10</b>
<b>1</b>	18	0	0	2	11	17	17	17	3	10
<b>2</b>	1	3	3	4	10	16	17	16	4	8
<b>3</b>	16	0	0	0	5	15	15	3	4	0
<b>4</b>	17	0	1	4	12	14	14	11	2	12
<b>5</b>	17	0	0	1	6	13	16	16	2	8
<b>6</b>	17	0	0	1	2	10	12	11	8	2
<b>7</b>	12	0	2	2	4	13	15	15	9	6
<b>8</b>	15	2	0	4	1	4	4	3	14	2
<b>9</b>	19	0	1	0	10	8	12	11	4	5
<b>10</b>	11	0	3	5	17	13	13	15	3	5
<b>11</b>	10	0	0	2	11	11	12	8	4	5
<b>12</b>	11	16	9	14	6	2	0	0	6	9
<b>13</b>	1	0	0	1	0	1	1	0	0	1
<b>14</b>	18	0	0	0	0	2	5	4	0	2

<sup>11</sup> Answers were coded as '0', '1', '2', or '3' to represent where the individual had marked the score sheet (0=Type 'A', 1=Type 'B', 2= Neither, 3=Don't Know). However, as some categories were reversed between type A & B in the trial, the data were transformed to yield the count shown in the two tables above for type 'B' or type 'A' notes. Tables 33 & 34 (p.151) show the counts for counsellors marking 'neither' (table 33) and 'don't know' (table 34).



Table 33 shows the numbers of cases and pairs of statements marked by counsellors as “neither type ‘A’ nor type ‘B’ notes.

Table 33 Number of "Neither Type 'A' nor Type 'B' notes" (coded as '2') recorded by case and group											
Group	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10	Row Total
1	0	0	1	2	0	0	1	0	2	2	8
2	0	6	7	8	3	1	2	1	9	2	39
3	3	5	3	3	7	0	0	4	4	3	32
4	0	9	3	4	1	1	3	3	9	1	34
5	1	7	2	4	5	1	2	3	6	3	34
6	1	14	8	4	4	6	4	2	7	8	58
7	0	18	11	9	7	4	2	1	6	10	68
8	1	10	14	11	12	14	14	13	4	13	106
9	0	10	2	3	2	4	2	2	2	2	29
10	6	5	5	6	1	5	2	1	3	2	36
11	5	4	3	5	4	1	3	2	4	3	34
12	5	2	3	1	9	6	8	8	5	3	50
13	7	4	4	5	6	5	6	6	4	6	53
14	0	3	0	2	4	1	1	1	1	0	13
Column Totals	29	97	66	67	65	49	50	47	66	58	594

Table 34 shows the number of statement groups and cases recorded by counsellors as “Don’t Know’.

Table 34 Number of 'Don't Know' (coded as '3') responses recorded by case and Group											
Group	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8	Case 9	Case 10	Row Total
1	0	0	1	1	0	0	0	0	0	0	2
2	0	0	0	0	0	0	0	0	0	0	0
3	0	0	0	0	0	0	0	1	0	1	2
4	0	0	1	0	0	0	1	0	0	0	2
5	0	0	0	0	1	0	0	0	0	0	1
6	0	3	1	1	1	0	1	1	0	2	10
7	4	1	2	0	0	0	1	2	0	1	11
8	1	1	1	1	0	0	0	1	0	1	6
9	0	0	0	0	0	0	0	0	0	2	2
10	1	0	0	0	0	0	1	0	0	1	3
11	2	0	0	0	0	0	0	0	1	1	4
12	0	1	1	1	0	0	1	0	0	0	4
13	0	0	0	0	1	0	0	0	0	0	1
14	0	0	0	0	0	1	0	0	1	0	2
Column Total	8	6	7	4	3	1	5	5	2	9	50

As a preliminary check on the data, each of the cells (except row & column totals) were totalled by adding data from equivalent cells in tables 31-34. (Each totalled cell



equalled 19, showing that each of the nineteen counsellors had given one response on each pair of statements and in each case)

So, if the measure were fully effective all nineteen respondents would have marked each of the fourteen pairs of statements (on each case) as either type 'A' or type 'B' and no statement pair would have been marked as 'neither' or 'don't know'.

In order to further investigate the value of the statement pairs, several approaches were considered. In one test, the original data were transposed to yield the counsellors as column variables and results as the rows in SPSS™. Correlation analysis was then completed for each counsellor against each counsellor. It was expected that significant correlations would result if the counsellors generally agreed on their responses to each pair of statements on each case. The detailed results are shown in Appendix 8. Although this test shows the degree of association between counsellors, given that they are all experienced to a greater or lesser extent, it might be expected that there should be agreement, if the statements have a shared meaning. It is confounded by the fact that high correlations would also be achieved if all counsellors marked the same case/statement pair as "don't know" or "neither..." and, furthermore, it fails to discriminate between the statements and their utility, rather showing the general extent of counsellors' agreement. One hundred and thirty three (78%) of the possible correlations were significant at  $p < 0.05$ , showing a reasonable degree of agreement between counsellors.

In a second analysis, the information shown in tables 31 –34 was summarised by presenting the row totals of tables 31-34 as percentages of the whole sample. Thus, for example, for the first pair of statements in table 30 there were nineteen respondents, each marking ten cases, giving 190 responses in total. Eighty-five responses across the ten cases were marked as type 'A' and so  $(85/190)$  44.74% of the respondents marked type 'A' statements across all ten cases. Table 35, below, shows the complete results of this analysis.

<b>Table 35 Overall percentage of results in each category</b>				
Statement pair	Type 'A' %	Type 'B' %	Neither type 'A' nor 'B' %	Don't Know %
1	44.74	50.00	4.21	1.05
2	36.32	43.16	20.53	0.00
3	51.58	30.53	16.84	1.05
4	35.26	45.79	17.89	1.05
5	40.00	41.58	17.89	0.53
6	31.05	33.16	30.53	5.26
7	17.37	41.05	35.79	5.79
8	15.26	25.79	55.79	3.16
9	46.84	36.84	15.26	1.05
10	34.74	44.74	18.95	1.58
11	46.84	33.16	17.89	2.11
12	33.16	38.42	26.32	2.11
13	68.95	2.63	27.89	0.53
14	75.79	16.32	6.84	1.05
Overall	41.28	34.51	22.33	1.88



Overall, 75.79% of respondents marked case /pairs of statements as either type 'A' or type 'B', 1.88% of answers fell into "don't know" and 22.33% of answers were "neither type 'A' nor type 'B'". Thus the initial indication was that the type 'A' / type 'B' distinction was allowing discrimination and the relatively small proportion of "don't knows" showed apparent understanding of the categories. However, the fairly high percentage marking "neither type 'A' nor type 'B'" seemed to show that the measure might be improved.

Some pairs of statements were dichotomous (e.g. Group 10, Type 'A': 'Do not refer to self or client development', Type 'B': 'Refer to self or client development'), so the use of the 'neither' category indicates a problem with the measure. Others shared phrases (e.g. Group 2 shared the phrase 'Describe physical or psychological features of self or client...') so absence of this aspect would indicate that the *correct* response would be 'neither'. Thus, the 'neither' category is a useful discriminator for problems with those statement pairs which are dichotomous but is really an integral part of the measure for statements which have some commonality such as those in group 2.

For group 1, only 4.21% responses were marked as 'neither' (Table 35). This pair are not strictly dichotomous as they stand, since type 'A' notes: *'Report what occurred with no reference to evaluation or effect of skills use'*, whereas type 'B' notes: *'Evaluate impact of skills or core conditions in terms of within session outcome'*. Thus, notes that evaluate impact of skills or core conditions but do not associate this with in-session outcomes should be scored as 'neither'. This group could have been clarified by including a third category that discriminated between notes which met the first part of type 'B' but did not evaluate within-session outcome.

Group 2 (Type 'A': *Describe physical or psychological features of self or client with no reference to the impact of them or the associated feelings* Type 'B': *Describe physical or psychological features of self or client, the feelings resulting from them and their impact in the session*) generated 20.53% of 'neither' responses (Table 35). In order to clarify this group, it would need to be broken down into its constituent parts: i. Description of physiological / psychological features of client or self. ii. Reference to their impact and, iii. Any associated feelings.

The third pair of statements (Type 'A': *Provide no reference to hunches held by counsellor or refer to hunches where counsellor withheld them from client.* Type 'B': *Refer to counsellor hunches regarding the client, their problem situation or the likely outcome and justify where a hunch is not shared with the client*) yielded 16.84% of 'neither' responses. This might have been better if type 'A' notes had been phrased as the opposite pole of type 'B', as some of the 'neither' responses may have been due to the dissimilarity in phrasing of what should have been a dichotomous categorisation.

Group 4 (Type 'A': *Describe session in terms of linear development of case without referring to specific counsellor interventions which prompted development* Type 'B': *Describe session in terms of development of case and refer to specific counsellor interventions which prompted development*) should again have been dichotomous but



it was probably the inclusion of the word 'linear' in type 'A' and not type 'B' which caused 17.9% of responses to be 'neither'.

Group 5 also received 17.9% of 'neither' responses. Several factors may account for this. Firstly, type 'A' notes refer to the client (*Focus on client with little or no reference to interventions*) whereas type 'B' refer to the counsellor (*Focus on counsellor and refer to counsellor interventions with some evaluation of them*). Arguably notes which focus on the practicalities of the case (rather than the client, per se) could be recorded as 'neither'. Secondly, the reference in type 'B' notes to 'with some evaluation of them' may have caused counsellors to mark 'neither' where there was evidence of a focus on counsellor interventions but where these were not evaluated.

Group 6 had similar problems but recorded a higher number of 'neither' responses (30.53%). The two problems related to discrimination between the client and counsellor and between reference to interventions and no such reference. The purpose of the statements was largely intended to discriminate between notes which merely reported the client's affective state or, (worse still) failed to mention this at all, and notes where the counsellor was using their own feelings within the session as an aid to help the client. To overcome these problems type 'A' notes (*Mention affective impact on client with little or no reference to interventions*) should therefore have read 'Mention affective impact on client or counsellor with little or no reference to interventions' and type 'B' notes (*Mention affective impact on counsellor and refer to counsellor interventions*) should have read: 'Mention affective impact on client or counsellor and refer to counsellor interventions linked to affect'.

Group 7 also had the same problems as group 6, but 35.79% of responses were 'neither' in this case. Type 'A' notes (*Mention cognitive impact on client with little or no reference to interventions*) should really have read: 'Mention cognitive impact on client or counsellor with little or no reference to interventions' and type 'B' notes (*Mention cognitive impact on counsellor and refer to counsellor interventions*) should have read: 'Mention cognitive impact on client or counsellor and refer to counsellor interventions linked to this'.

Group 8 was designed to be dichotomous but falls foul of the fact that neither type 'A' notes (*Do not demonstrate awareness of breaches in personal boundaries or professional standards*) nor type 'B' notes (*Demonstrate awareness of breaches in personal boundaries or professional standards*) necessarily apply where such issues are not mentioned. The result was the highest percentage of 'neither' responses recorded for any pair of statements (55.79%). A third category reading: 'Personal boundaries and professional standards not mentioned' might have overcome this.

Group 9 generated 15.26% of 'neither' responses. Type 'A' notes (*Take the form of counsellor observation on client or case*) seems to have been interpreted by some counsellors as something more than simply stating the content of the session. Case 2, designed to be largely 'content' with the exception of the mention that the counsellor was annoyed at having to see the client urgently, resulted in ten counsellors marking



the case as 'neither' and nine marking it as type 'A'. No counsellors marked type 'B' (*Take the form of counsellor describing initial impression of client, any intervention strategy followed, specific intervention leading to specific result, leading to specific intervention, result etc. Etc.*) which was as expected. The term 'observation' in type 'A' notes may also have misleading connotations for some people who take the term to mean more than the counsellor's own view of the session, perhaps thinking that a skilled expert's opinion is what was meant. Whilst this will not accommodate the reference in case 2 to the counsellor's initial feelings, the distinction was intended to be between content and process. Probably further differentiation is also required in the range of type 'B' notes. It is possible for a counsellor to describe aspects of type 'B' notes without really meeting the criteria as they exist. For example, a counsellor might describe their initial impression but not the intervention strategy or specific interventions.

Group 10 generated 18.95% 'neither' responses. This appears to be a straightforward dichotomous construct as type 'A' notes (*Do not refer to self or client development*) seem to be the opposite of type 'B' notes (*Refer to self or client development*). Splitting the terms 'self' and 'client' to produce two separate groups might have helped to clarify the issues.

Group 12 generated 26.32% of 'neither' responses. Once again, the wording is problematic in the original. Type 'A' notes (*Do not mention referral*) is the opposite pole of 'Mention referral' whereas type 'B' notes include 'appropriateness' (*Mention referral of clients, where appropriate, to more suitably qualified professionals*). It is likely that counsellors decided that in cases where referral was not appropriate in their professional judgement, the case should be scored as 'neither'. As such 'neither' is a legitimate category for this pair of statements.

Similarly, group 13 generated 27.89% 'neither' responses. This was probably due to the use of the term 'appropriate' as in group 12. Neither type 'A' case notes (*Do not mention the 'taking of clients to supervision' or do so inappropriately*) nor type 'B' notes (*Mention that 'client was taken to supervision' appropriately*) allow for the fact that it may not always be appropriate, or possible, to take every case to supervision.

Group 14 once again shows the danger of the use of the term 'appropriate', although only 6.84% recorded 'neither' responses. Type 'A' notes (*Give little or no theoretical references*) should, perhaps have distinguished between 'little' and 'no' (reference to theory). However, it is likely that the main problem with the statement pair was in the type 'B' notes (*Refer to theory where appropriate which is consistent with practice*) which uses both the term 'appropriate' and also qualifies the answer with 'which is consistent with practice'. Removal of the confounding terms might have resulted in more counsellors answering within the scale.

Having amended the measure items to account for 'neither' answers, it remains that any 'Don't know' responses should also be investigated. Table 34, p.151, shows the total number of 'Don't know' responses from counsellors by case and statement group. As under 2% of the case/groups were scored as 'don't know' it would not be



unreasonable to assume that some of those counsellors marking 'don't know' have developmental issues requiring clarification of some of the terms or style of notes involved. It may, for example, be naive to assume that all counsellors understood the term 'affective' as used in group 6 or the term 'cognitive' as used in group 7. Similarly it may be that 'personal boundaries' and 'professional standards' are not as clear to some counsellors as to others and, indeed, these terms may mean rather different things to different people. The use of the term 'observation' in group 9 may have specific meaning to some counsellors, whilst to others it may seem like a process into which they have not yet been initiated. Groups 10 and 11 refer to 'self or client development' and it may be that some counsellors were unsure as to the meaning of these. The term 'development' is itself ambiguous and so it is hardly surprising that some respondents chose to mark 'don't know' rather than commit to one of the other possibilities.

Some of the 'don't know' responses to group 12 and the response to group 13 may indicate that simply because the notes failed to mention referral or 'taking the client to supervision' the correct response is 'don't know'.

So, in trialling the 'process' measure, many different issues arose. Most of these were related to poor question wording. In some cases categories were not exclusive in that several issues were raised by the same statement group, each of which might have benefited from being treated separately.

Although it would have been possible to apply questionnaire design techniques prior to the trial, the richness that lies in 'good' notes might have been lost if the criteria specified too small a catchment. For example, 'Did the case notes mention the client?' would yield a dichotomous answer but the answer would be of no use in determining if the counsellor was engaged in reflecting on the session. If each of the original groups had been broken down to yield polar concepts, the measure would have also been excessively long and its usefulness in practice would have come under some threat.

On the other hand, if the concepts are left too wide, for example: 'Did the counsellor reflect on the session?', too much subjectivity is likely to creep in. Such a question could gain positive answers from both the counsellor who simply says 'The session went well' and from the soul who ponders deeply over their journal for hours about the case. Indeed some people might take the question to mean 'Did the counsellor use reflection or paraphrasing *in* the session' and so a range of positive or negative responses could mean very different things.



#### **4. Development and trialling of a instrument which might be used as a qualitative measure to highlight developmental opportunities.**

The opposite pressures of keeping a measure 'tight' and 'loose' can, perhaps, best be settled by applying the maxim of: 'Is it of any use in practice?' To be of practical value, the positive end of the continuum needs to specify what the counsellor will be doing when the notes reach the desired quality. Ideally, such specification should be measurable but it also needs to be broad enough to allow for different styles of note writing. Any such measure really needs to fit onto one sheet of paper so that if it is used to scrutinise a counsellor's notes, all of the attributes are visible at the same time. It needs to be understandable by counsellors who have only experienced some basic training and yet useable by those with many years experience. Finally, it needs to have categories at the negative pole which are linked to those at the positive pole through a series of steps which might enable the willing novice to work on manageable aspects of their performance one at a time.

The inevitability of compromise should be apparent from the above paragraph. Specificity vies with the broadness that is bound to exist in that which is more art-like than science-like. Not every aspect of best practice can be contrasted with every aspect of malpractice and understanding by the novice strains against utility to the expert. Each of these issues result in compromise, each is inevitably a trade-off of one against the other.

Nevertheless, one key method of moving things forward, is to set out what is already known in a way that gaps can be seen and filled and assumptions challenged. Table 36, p.158-159, is an attempt at so doing. The results from the trial on the first 'process' measure facilitated the redesign of the measure, expanding from fourteen aspects in the original measure to seventeen in table 36. The original division into type 'A' and 'B' was also expanded to account for what in most cases was a continuum between the 'best' and the 'worst' types of case notes.



**Table 36 Revised Development Measure**

<b>Group</b>	<b>Notes indicating no developmental progress or demonstrating an unprofessional approach</b>	<b>Notes with little or no developmental progress</b>	<b>Notes showing some developmental progress or content which might be further enhanced</b>	<b>Notes showing developmental progress and a reflective process focus</b>
1	Fail to report even the content of what occurred	Report what occurred with no reference to evaluation or effect of skills use or provide only general analysis	Evaluate only the effect of skills or only the core conditions (but not both)	Evaluate impact of skills and core conditions
2	Fail to describe physical or psychological features of self or client	Describe physical or psychological features of self or client	Describe physical or psychological features of self or client with some general references to the impact of them or the associated feelings	Describe physical or psychological features of self or client, the feelings resulting from them and their impact in the session
3	Provide no reference to hunches held by counsellor	Refer to hunches but counsellor does not share these with client and does not attempt to justify why they were withheld	Refer to some shared counsellor hunches and some where counsellor fails to adequately justify a hunch which is not shared with the client	Refer to counsellor hunches regarding the client, their problem situation or the likely outcome, shares some and adequately justifies any hunch not shared with the client
4	Fail to provide information about the way the case developed	Describe session in terms of development of case without referring to specific counsellor interventions which prompted development	Describe session in terms of development of case and refer to specific counsellor interventions but fail to link these with client development	Describe session in terms of development of case and refer to specific counsellor interventions which prompted client development
5	Focus on case with little or no reference to interventions	Focus on client with some reference to interventions in general terms	Focus on counsellor and refer to specific counsellor interventions but provide no evaluation of them	Focus on counsellor and refer to specific counsellor interventions with some evaluation of them
6	Fail to mention affective impact of session on client or counsellor	Mention affective impact of session on client or counsellor with little or no reference to interventions	Mention affective impact of session on client or counsellor with some reference to non-specific interventions	Mention affective impact on counsellor and refer to specific counsellor interventions linked to affective impact on session.
7	Fail to mention cognitive impact of session on client or counsellor	Mention cognitive impact of session on client or counsellor with little or no reference to interventions	Mention cognitive impact of session on client or counsellor with some reference to non-specific interventions	Mention cognitive impact on counsellor and refer to specific counsellor interventions linked to cognitive impact on session.
8	Fail to mention personal boundaries or professional standards where these were or should have been relevant in the case or breaches them	Fail to mention personal boundaries or professional standards with no evidence to suggest that they were or should have been considered	Mention professional standards or personal boundary issues but fail to demonstrate awareness of breaches in them	Demonstrate awareness of breaches in personal boundaries or professional standards and / or demonstrates adherence to them



<b>Group</b>	<b>Notes indicating no developmental progress or demonstrating an unprofessional approach</b>	<b>Notes with little or no developmental progress</b>	<b>Notes showing some developmental progress or content which might be further enhanced</b>	<b>Notes showing developmental progress and a reflective process focus</b>
9	Fail to provide even an objective account of the bare facts of the case	Take the form of a purely objective account of client and/or case	Include subjective account of the session but not linked to interventions used.	Include subjective account of the session linked to the interventions used
10	Fail to describe initial impression of client		Describes initial impression of client but not in both physical & psychological terms	Describe initial impression of client physically & psychologically
11	Fail to describe intervention strategy or specific interventions	Describe interventions generally but these appear to be haphazard and there is no evidence that these appear to form a strategy	Describe specific interventions which appear to be linked in a logical fashion but may have arisen by chance	Describe specific interventions which form part of a logically constructed intervention strategy
12	Fail to describe the results of specific counsellor interventions		Results of specific counsellor interventions described but not evaluated	Results of specific counsellor interventions described and evaluated
13	Do not refer to client development within session	Refer to client development within session but do not evaluate it	Refer to client development within session but provide implausible evaluation of it.	Refer to client development within session and provide plausible evaluation of it.
14	Do not refer to self development	Refer to self development but do not evaluate it	Refer to self development but provide implausible evaluation of it.	Refer to self development and provide plausible evaluation of it.
15	Do not mention referral where this was or should have been considered	Do not mention referral with no evidence to suggest it should have been considered	Mention referral to other professionals but use referral inappropriately	Mention referral of clients, where appropriate, to more suitably qualified professionals
16	Do not mention the 'taking of clients to supervision' where this should have been considered	Do not mention the 'taking of clients to supervision' and no evidence to indicate that this should have been considered	Mention that 'client was taken to supervision' with no apparent rationale for doing so.	Mention that 'client was taken to supervision' and provide sensible rationale for this
17	Provide theoretical references which are inconsistent with practice	Provide no theoretical references	Provide theoretical references but do not relate these adequately to actual practice	Refer to theory where appropriate which is consistent with practice.

**Note:** This table was designed and distributed to counsellors at the site of the research on a single sheet but pagination requirements for the thesis meant that it had to be split over two pages here.



In order to examine the revised measure's ability to discriminate particular types of casework, it was decided to re-score those case notes from counsellors who had submitted more than ten cases, where both forms were returned and where the individuals were still with the company<sup>12</sup>. Cases were also limited to those classified earlier as having more than two or three words.

This resulted in a sample size of 295 cases from a group of seventeen counsellors. Each case was marked using the revised development measure by the researcher without knowing from which counsellor the notes originated. Ideally, other individuals would have also been asked to mark the cases as a check of consistency. However, it was believed that this would have placed an unreasonable demand on other peoples' time (approx. 10 hours). Therefore, the reliability of the measure across different judges must be left to other researchers to investigate.

For each case, table 36 (pp.158-159) was used to 'score' the counsellors' notes. The types of notes (columns) were scored from nought to three, going left to right on the table. Each statement group was marked for each case with a resulting possible maximum score for each case of fifty-one (3 x 17).

The scoring of the cases against the measure revealed few apparent problems. The issue of inappropriate advocacy, which should be recorded under group 8 (personal boundaries / professional standards), was felt at first to require an additional category but it is, in fact, subsumed within group 8, and this, perhaps, should be made clear to its users. Issues around hunches were also initially problematic. For example, where hunches were shared and none were withheld, the measure is ambiguous, insofar as the situation could, arguably, be covered by the third category (*Refer to some shared counsellor hunches and some where counsellor fails to adequately justify a hunch which is not shared with the client*) or the fourth (*Refer to counsellor hunches regarding the client, their problem situation or the likely outcome, shares some and adequately justifies any hunch not shared with the client*). These should be contained within the fourth category. Overall, then, the experience of marking the 295 cases did not suggest any further amendments to the measure.

Only three of the available categories were not used; group 14 received no '2' markings (*Refer to self development but provide implausible evaluation of it.*); group 16 received no '2' marking (*Mention that 'client was taken to supervision' with no apparent rationale for doing so.*) and group 17 received no '0' markings (*Provide theoretical references which are inconsistent with practice*). None of these results would require the measure to be changed because each of these issues might arise in practice. Indeed, it is reassuring that these categories were not used within the research site.

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<sup>12</sup> The perennial problem in any research project of 'drop-outs' is exacerbated where the research site is going through a period of 'down-sizing'. This was a problem in the present research and, as the results from this exercise were to be utilised in the next study (Chapter 5), it was necessary to exclude results from those who had already left the company and those scheduled to leave before the study described in Chapter five was planned to take place.



As mentioned above, the cases were scored from nought to three from left to right of the table against each of the (revised process measure's) seventeen statement groups, numbered one to seventeen from top to bottom of table 36, p.158-159. Thus, a case falling into the 'red' category on the table would score nought on the group and a case falling into the 'green' category would score three.

For each of the two hundred and ninety five cases, results from all seventeen groups were summed to yield an aggregate 'score' for the case, with a maximum possible of fifty one. Whilst this was somewhat arbitrary, since a counsellor who fails 'to report even the content of what occurred' (group 1, score 0) is unlikely to do other than 'fail to provide even an objective account of the bare facts of the case' (group 9, score 0), it was thought worthwhile as a means of discussing the notes in terms of a single figure. The intention was not to produce a scale whereby each interval in the scores was equivalent, since it is doubtful if it is possible to adequately measure degrees of effectiveness in writing these kind of notes to such an extent. However, the extremes in the results do probably indicate a difference between notes meeting the criteria and those that do not meet them. The driver, however, was to enable counsellors to develop, rather than to be able to compare them, per se and scoring the measure and notes were merely means to an end.

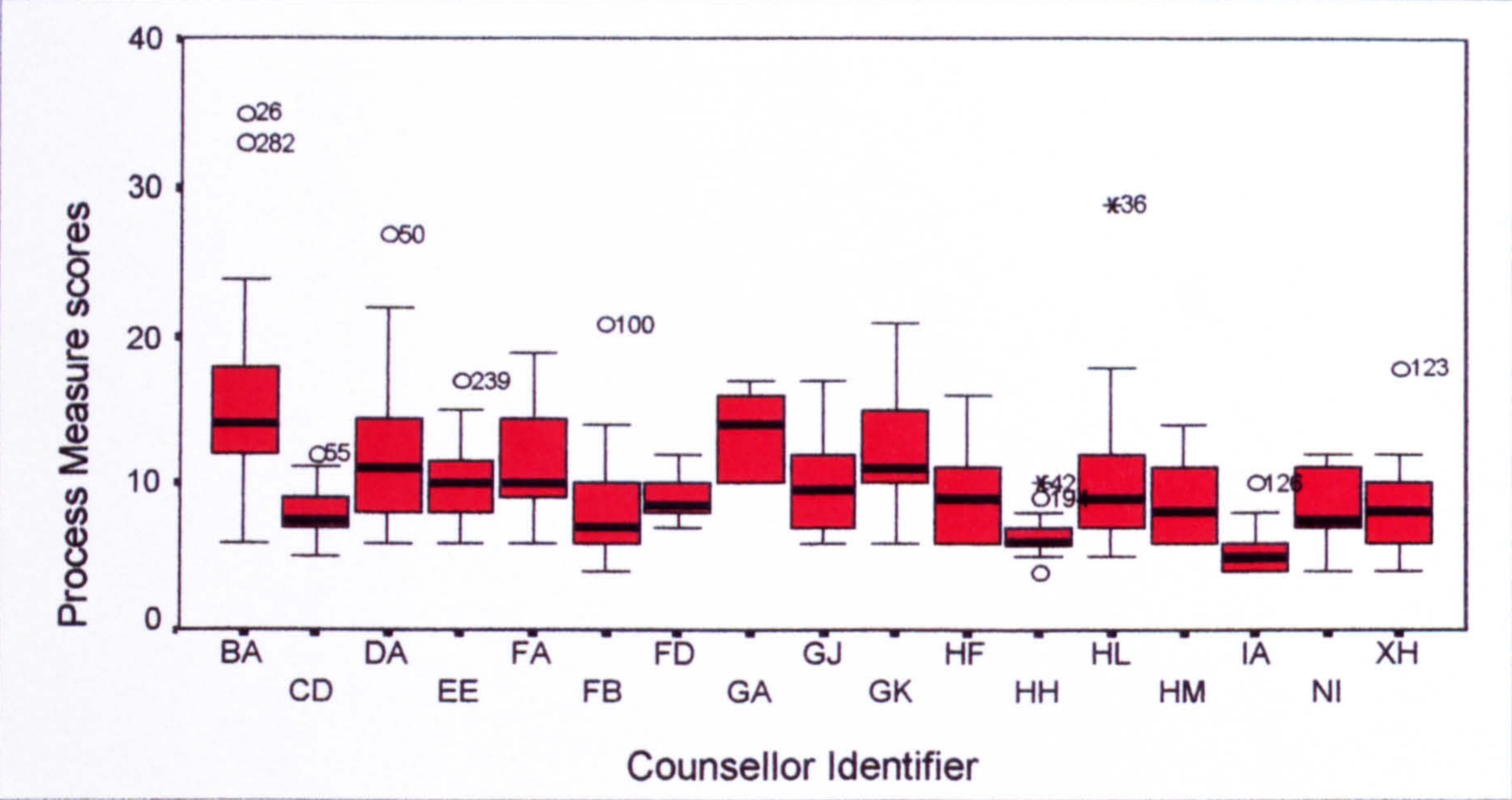
In the sample, the highest score achieved on any one case was thirty-five and the lowest was four. The sample median was 9.0 (Interquartile range [IQR] was 5) and individual counsellor medians ranged from 5 to 14 with (respective) IQR's of 2 and 6. (Appendix 8, pp.48-49, shows the dispersion statistics in full). Figure 15, below shows the individual medians and IQR's graphically.

Appendix 8 (page 35 onwards) shows the full results of the analysis of the data. The frequencies with which particular statements were met by the counsellors gives an indication of the areas upon which the development specialists in the site of the research should be focusing their efforts in order to help counsellors to produce notes which meet the criteria in the revised process measure. Again, it is important to stress that the work was all about individual counsellor development. The objective of the exercise was not just to get the notes 'right'. Rather, it was to use the production of appropriate notes as a vehicle for development.

The modal results showed that the majority of counsellors at the site of research were producing notes which belonged to the first category (red, scored as 0, groups 2, 3, 4, 5, 6, 7, 10, 11, 12, 13, 14) or the second (purple, scored as 1, groups 1, 8, 9, 15, 16, 17), although groups four and five had numbers divided between categories one and two. This seems to indicate that the majority of the 'green' criteria would benefit from some further emphasis.



Figure 15 Box and whisker plot of individual dispersion for aggregate score on revised process measure (N=295)



Not surprisingly, there was a high proportion of significant correlations between the groups but only seven (out of 272) of the correlations were large enough to explain more than 25% of the variance in the other group<sup>13</sup>. Groups six and seven (affective & cognitive impact of session, respectively) were fairly highly correlated ( $r=0.6779$ ,  $p=0.000$ ) and although most cases fell into the first two categories, it might have been expected that some counsellors, particularly those with a welfare background, would comment on the cognitive impact but not the affective. The results seem to indicate that around 46% of the time (46% of the variance is explained), these two items go together. Groups twelve and thirteen also produced a significant correlation ( $r=0.6942$ ,  $p=0.000$ ). Here, although the statements appear to be about different topics (Group 12 is concerned with counsellor interventions and group 13 is concerned with client development), the link between them is almost certainly due to the presence of the word ‘evaluate’ in both groups. If a counsellor fails to *evaluate* generally, then both items will be ticked and a high correlation will occur, even where there is no relationship between counsellor interventions and client development. Almost 95% of the cases were in the first category on these two groups and so although there appears to be a high association, a more balanced data set with more cases in the higher categories would be necessary to confirm the association as being other than spurious.

<sup>13</sup> The full correlation matrix is shown in appendix 8, p.35 onwards. Groups four & five:  $r=0.5430$ , Groups five & six:  $r=0.5307$ , Groups five & seven:  $r=0.5025$ , Groups six & seven:  $r=0.6779$ , Groups one & nine:  $r=0.5243$ , Groups twelve and thirteen:  $r=0.6942$ , Groups fourteen & sixteen:  $r=0.5593$ ,  $p=0.000$  in each case.



5. Reliability and factor analysis

In order to examine the reliability of the measure, the split-half method was used on the 295 cases<sup>14</sup>. The resulting correlation (Alpha) was 0.7917.

Twenty-four of the 76 significant correlations in the initial statement group against statement group matrix were over 0.3 and so it was considered worthwhile to conduct an exploratory factor analysis in order to examine the measure for the presence of clusters of statement groups. (Tabachnick & Fidell, 1983) Table 37 shows the results.

**Table 37 Rotated factor matrix showing loadings, group numbers & first column of process measure** (The full analysis is shown in appendix 8, pp.46-47)

Statement Group	Factor 1	Factor2	Factor 3	Factor 4	Factor 5	Notes indicating no developmental progress or demonstrating an unprofessional approach
1	.75598	-.04986	-.07723	.09207	-.00609	Fail to report even the content of what occurred
3	.59668	.06649	.16773	-.12834	-.12967	Provide no reference to hunches held by counsellor
4	.74292	.15841	.05479	-.11760	-.10061	Fail to provide information about the way the case developed
5	.69040	.28871	.15068	.09162	.13327	Focus on case with little or no reference to interventions
6	.64956	.24847	.16368	.20542	.18688	Fail to mention affective impact of session on client or counsellor
7	.58522	.26398	.15123	.26567	.20456	Fail to mention cognitive impact of session on client or counsellor
9	.72654	-.06713	-.08612	.24161	.02239	Fail to provide even an objective account of the bare facts of the case
12	.36957	.78320	.02430	-.09683	-.12165	Fail to describe the results of specific counsellor interventions
13	.16569	.82792	.15410	.08691	-.15085	Do not refer to client development within session
17	-.07114	.40264	-.37838	.07264	.20156	Provide theoretical references which are inconsistent with practice
14	.10984	.26822	.80170	.15334	.13533	Do not refer to self development
16	.06713	-.07457	.79968	.08186	.17572	Do not mention the 'taking of clients to supervision' where this should have been considered
2	.34049	-.11904	.17908	.45996	-.15542	Fail to describe physical or psychological features of self or client
10	.07384	.03942	.11430	.79526	-.04694	Fail to describe initial impression of client
11	-.01322	.49547	-.09097	.56575	.18718	Fail to describe intervention strategy or specific interventions
8	.03074	.02522	.05824	-.13933	.72326	Fail to mention personal boundaries or professional standards where these were or should have been relevant in the case or breaches them
15	.02234	-.11518	.14006	.09977	.75210	Do not mention referral where this was or should have been considered

<sup>14</sup> Appendix 8 shows the results of the reliability analysis (p.42)



## **Discussion**

As the nature of the development of the measure was largely qualitative in approach, much of the discussion was contained within the results section in order to allow the reader to understand the rationale for the various amendments which took place. However, some of the points not previously covered will be considered in this section.

### **1. The development and implementation of the initial guidance note**

The pattern of returns where process was defined as ‘something more than content’ was interesting because it appeared to show that the sending out of the guidance note in June had, if anything, a negative effect on the percentage of cases which were returned with a ‘process’ focus. (Figure 15, p.146) However, of more interest is the fact that during July, August and the first week in September, a series of development meetings were held with the counsellors, during which the process guidance questions were used to help the groups to focus on process issues. The graph in figure 15 appears to show a substantial increase in the percentage of process focused cases. (from 55% in July to 81% in September) Thus, it would seem that in order to adopt the desired approach, it was necessary to give counsellors experience of using it, on a real case, in a development setting. Merely asking them to do so via written communication had, at best, no effect on their behaviour. This seems to highlight the point made on page 137 of this chapter about the importance of leading by example rather than carrot and stick.

### **2. Examination and classification of counsellor notes for evidence that might discriminate between those focused on the content of the counselling session and those focused on the counselling process.**

Whilst this appeared at first sight to be a straightforward distinction, the results demonstrated that there were subtleties which complicated, and rendered much more subjective any such classification. (p.147)

It was also mentioned (p.148) that some of the counsellors seemed to either have misunderstood some of the terms used in counselling or were not being clear in their notes as to how a particular skill was related to the outcomes they reported. Immediacy seemed to be the skill that was most commonly misunderstood or not clearly explained.

Egan (1994) reviewed three kinds of immediacy:

“... Immediacy that focuses on the overall (counselling) relationship ...  
Immediacy that focuses on some particular event in a session (and) ... Self-involving statements...” (pp.186-187)

By that focused on the overall relationship he refers to the situation where the counsellor talks about the development or quality of the relationship between the client and the counsellor in general terms. For example, a counsellor might say something like: ‘... I’m getting the feeling that you’re holding back from me. When you talk in any depth about yourself, your speech slows right down and you avoid making eye contact with me...’ or it may simply be something like ‘We seem to get on



very well...'. Thus it is a generalised statement referring to something that has happened more than once or is about some aspect of the development or quality of the relationship.

That focusing on a particular event is more specific, referring to a particular intervention or event in the counselling session. For example, the counsellor might say something like: '... When you arrived at the door, you seemed quite bright and cheerful but now you seem very low. It seemed to me that things changed when I asked you about your father...'

The third type that Egan discusses involves the counsellor referring to their current feelings or views on the client and can be either positive or negative. Probably more important with all uses of immediacy is that they are genuine, 'here and now' thoughts. The counsellor might say: 'I liked the way you handled that situation...' or, a much more challenging statement might be: 'Over the last few sessions you seem to have been trying to flirt with me. I'm flattered by that but it's really not why we're here. I'm concerned that it's beginning to get in the way of us working effectively together. What do you think?'

Each of the forms of immediacy involve talk about the relationship between the client and counsellor at some level and are meant to serve a range of purposes from diffusing tension between client and counsellor to trying to get a directionless session back on track. Whatever the purpose, immediacy is most often about restoring an effective working alliance and, as such, it can be an extremely powerful form of challenge or confrontation.

Some of the counsellors referred in their notes to immediacy but either, like the example above (p.148), this was not clearly related to the counselling relationship or, where they failed to give examples, the surrounding context indicated that the skill used was not immediacy. (The usual confusion seemed to be where the counsellor had used an empathic statement tied to a hunch about the client's problem situation that was unrelated to the counselling relationship.)

Whilst the confusion over the names given to particular skills is really a minor issue if all skills are used, a number of the errant counsellors, when challenged in discussion groups, said that they felt that immediacy as described above was too confrontational and 'not their style'. On challenging, the majority seemed to accept that, used sensitively, talking about the relationship itself with their clients could be useful and what seemed to be stopping them was described as 'fear that the client might misunderstand or walk out'. It is more likely, in the author's opinion, that what was stopping them was a lack of assertiveness and a need to be liked by their clients.

Some of the notes retained for the purposes of appendix 4 could, arguably, have been rejected as having no developmental value or as being largely content-based but it was accepted that the analysis could iterate many more times unless the criteria were specified more clearly. The lack of correspondence was not surprising, given the early stage of the theory building, and the subjective nature of some of the decisions but the



fact that there were discrepancies at all, resulted in the definition of the type of notes that were required, gradually becoming clearer.

Table 30, p.148, represented a first attempt at becoming more specific in the definition of the type of notes involved.

### **3. Examination of the utility of discriminating between content and process *per se*, and refinement of the definitions for developmental purposes.**

The main issue that arose in *reviewing* the data was that developmental value seemed to be more relevant than the distinction between content and process, *per se*. This was incorporated into the research (Table 30, p.148 onwards) and moved the project from a purely theoretical position to one with more potential value in its practical application. That is, those cases where it was clear from the notes that there were issues affecting the ability of the counsellor to practice with a high level of skill and knowledge could be highlighted. Similarly, the same criteria might be used in supervisory discussion with the counsellor to ascertain some of the 'developmental stuckness' that might be present and to suggest ways in which development might be facilitated.

In the trial using counsellors to rate the ten fictitious cases, it had been intended to examine the data for differences between two groups with different experience levels. However, the organisational constraints, albeit self-imposed by the researcher, prevented this aspect of the study from being undertaken. This was unfortunate in itself but was exacerbated when only nineteen out of the twenty participants returned their rating forms. It was not clear from which of the two groups the missing case originated but, as indicated above, it was neither possible, nor desirable, to identify members of the two groups from their returns. Whilst the response rate was, by standards very high (95%), one missing form still represented 10% of one experience group and it is not hard to imagine the way that such a small sample could quickly become skewed and yet still obtain an apparently acceptable overall response rate. Given that a great deal of the counselling literature deals with relatively small sample sizes, this point is worth bearing in mind, as although a response rate may be seen as acceptable or even good, the respondents may share (or lack) some significant characteristic.

Table 32 on the number of type 'B' statements, above, p.150, showed that each of the statement groups (except group thirteen) were believed to be present by the majority of counsellors in at least one case. Whilst this was not surprising, since the statements were derived from casework, what was probably more pertinent was the number of cases where type 'A' or type 'B' statements were *not* seen to be applicable. Table 33, p.150, showed the number of counsellors recording each statement pair as "neither type 'A' nor type 'B'" for each case.

The data were summarised in Table 35, p.152, and through examination of the percentage in each of the categories (type 'A', type 'B', neither type 'A' nor type 'B' and don't know) it was possible to highlight those statement pairs which did not adequately accounted for responses. This allowed the measure to be refined with the



aim of ensuring that it captured as much note writing behaviour as possible within its bounds.

In any such endeavour, the value assumed for the relevance of a particular statement is inevitably subjective. This echoes the plea made earlier (pp.130, 133, 139) to regard counselling as an art rather than a science. Nonetheless, most experienced counsellors reading the trial case notes (appendix 5) would probably accept that case one shows more insight than do cases two and three, for example.

Although the development of the initial and revised measures was inevitably subjective, as there were other areas that could have been examined - For example the mention of particular skills such as immediacy - the results indicated that the measures were able to discriminate between the different quality of notes produced. In itself, this does not necessarily indicate that the counsellor producing the highest scoring notes is also the best counsellor, or that the counsellor achieving the lowest score is any worse in their practice. It may be, for example, that the individual with lower scores does not like writing notes.

However, scores on the measures do, to some extent, indicate the degree to which an individual's casenotes demonstrate some of the aspects of a reflective, process focus and the use of the revised measure with the individual counsellor can encourage them to focus on some of the areas that their notes seem to indicate they do not currently examine, or at any rate, write down.

#### **4. Development and trialling of a instrument which might be used as a qualitative measure to highlight developmental opportunities.**

The expansion to four aspects of developmental progress (Table 36, pp.158-159) was probably the most useful in so far as it enables some facets of the non-reflective practitioner to be identified and suggests how such notes might be refocused to encourage reflection. Many of the categories could be expanded to five or more. For example, the fourth aspect of group 6 (*Mention affective impact on counsellor and refer to specific counsellor interventions linked to affective impact on session.*) could well be expanded further by encouraging the counsellor to examine why there was affective impact (It's not always so obvious) and, further, what aspects of the counsellor's own life might benefit from being looked at.

So, although the measure is complete as far as it goes, it could easily be expanded in both the range of behaviours (i.e. down the page) and the number of developmental categories (i.e. across the page). The limiting factor is its usability. If the measure were to cover every possible alternative and every aspect of the way that a counsellor develops, it would soon become so big that it would cease to have utility in practice. The real proof of its value to counsellors must be left to its users and its purpose – of assisting development rather than measuring it – must be kept in mind.

In the research site, several of the nineteen counsellors who took part in the trial of the earlier measure (pp.149-156) commented that the process of marking the ten cases against the trial measure had given them insights into how they might improve their



own notes. One individual said that he now understood the value of using the case notes section of the casework management system for his own development rather than trying to produce notes which his in-house case manager liked. Whilst there was little data available from the period immediately after the first trial took place (6 cases, one of which was from a counsellor who did not take part in the trial), each one was examined using the revised process measure. It was expected that those who took part in the trial would show some improvement in the focus of their notes and this was the case in all but one of the trial counsellors<sup>15</sup>.

The attrition rate over time caused by researching in an organisation rapidly downsizing, and the desire to be able to compare some of the data in this study with data in the next (chapter 5) resulted in a sample size that, relative to the original database of 1060 cases, was quite small. (259 cases, p.160)

Interestingly, the results showed that there was considerable scope for improving the writing about practice (p.161). Whilst no definitive link is yet established between reflective practice and developmental movement, early experience in counsellor development groups appears to show that counsellors in the site have welcomed more definition of 'process notes' and, have (anecdotally, at least) made more specific the type of issue that they are bringing to their groups.

In the discussion groups, each counsellor presents a case with some audio-taped segments to her or his colleagues and requests that the colleagues focus their attention on some aspect of the case or on some aspect of the counsellor's interventions. Before the measures were circulated it was quite common for counsellors to describe more of the content of a case and to ask their colleagues things like: 'What might I have done differently?', for example. After the measures were circulated, the case presentations seemed to become more focused on the process and the groups have been tasked by their colleagues with commenting on specific skill use at specific points in the tapes.

Whilst this is very small scale evidence and anecdotal in nature, if the users find the revised process measure useful, it fulfils part of its purpose.

## **5. Reliability and factor analysis**

The reliability analysis produced an Alpha value of 0.7917, which was encouraging and indicated that the revised measure was worth further investigation. Only three statement groups produced results which indicated that the scale alpha would improve if they were deleted and all were concerned with boundary or referral issues. (Groups 8, 15 & 17) This too was encouraging, since all the other groups except group 16 (Client taken to supervision) were concerned with in-session behaviours.

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<sup>15</sup> Counsellor 12 had produced a mean before the trial of 10.27 and scored 18 and 19 on the two cases submitted after the trial. Counsellor 17 produced pre-trial mean of 6.52 and a follow-up case score of 12. Counsellor 14 produced a pre-trial mean of 8.88 but scored only 7 on the case submitted after the trial. Counsellor 4 achieved a pre-trial mean of 8.53 and a post-trial score of 13. Counsellor 8, who was not in the trial, produced a pre-trial score of 12.62 and scored 8 on the post-trial case submitted.



In the factor analysis, 'maximum likelihood' was probably the most appropriate method<sup>16</sup> but the data were not normally distributed and so a 'principal components' analysis was chosen. Five factors emerged with Eigen values above 1.0, together explaining 59.6% of the variance. As it was not known if the underlying factors would be highly correlated (but the researcher suspected that this might be the case), an oblimin rotation was initially used. The resulting factor correlation matrix showed that only factors 1 and 2 had correlations in excess of 0.2 (0.21), and the remainder were very low. The factors were therefore subjected to a varimax rotation, which produced the same factor / statement group structure as the oblimin rotation. Table 37 (p.163) showed the oblimin factor matrix with each factor shown in different colours.

The factors which emerged did not clearly discriminate between the various aspects of the measure in a way that is particularly meaningful. For example, although factor 1 (in blue, table 37, p.163) seemed to have a thread about the case specific aspects of the counselling process, it might have been expected that group 11 ('intervention strategy') and group 12 ('results of interventions') would have been part of such a factor. Whilst group 12 had a small loading on factor 1 (0.36957), group 11 loaded negatively to a much smaller, and probably negligible, extent (-0.01322). The second factor did not seem to have a common theme but the third refers to self development and supervision which is, itself, a common vehicle of development. Factor 4, with the exception of group 11, seemed to be concerned with the initial impression of the client and factor 5 with boundaries and referral.

As West (1991) put it:

"... Factor analysis will always produce some kind of result... You should not assume, as many do, that because you have carried out a factor analysis, the results have to be interpretable - often they are not..." (p.141)

It is probably true in this case that although the analysis produced five factors which seem to be relatively independent of each other, these factors are not easily interpretable. It would be useful to repeat the analysis with data which are distributed more evenly across the categories for each statement group, as it may be that there are underlying dimensions which the present analysis has failed to uncover because the data are generally skewed to the lower categories.

Appendix 8, p.43 onwards, shows the correlations between some of the variables used in the earlier survey (Chapter 3) and the process / development statements in this sample<sup>17</sup>. Out of 289 (17 \* 17) possible correlations, only 20 produced significant results (two-tailed,  $p < 0.05$ ). The highest significant correlation was between the counsellor variable 'I provided the client with advice and or guidance' and group 16

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<sup>16</sup> The full results are shown in appendix 8, (p.46-7). West (1991) suggested that the maximum likelihood method of factor extraction is the method of choice where the purpose is to: '... discover psychologically meaningful underlying dimensions...' (p.140)

<sup>17</sup> It would have been interesting to compare the results on the process study against counsellor age, gender and experience but the process study allowed counsellors to respond anonymously, so this was not possible.



(‘supervision’). Whilst the results were largely in the expected direction (a higher score on the notes indicating a better score on the questionnaire variables), there were no obvious patterns and it is possible that the correlations were spurious.

In view of counsellors’ comments and the apparent utility of the first measure, it was decided to forward copies of the revised process measure to all counsellors and specialists within the site and it was suggested that the specialists work through some cases with their groups of counsellors at their next development meeting following receipt. The measure was circulated to counsellors at the same time as the specialists to avoid any notion of assessment being solely in the hands of the specialists. The measure was about developing a reflective process focus and it therefore had more relevance to the counsellors as a map to plan their own development than it did to specialists, who might use it to assess rather than to facilitate development.

The method of scoring the notes was not circulated for two reasons. Firstly, the scores given to the items on the measure were arbitrary. There was no differential value attached to each of the seventeen groups and some of the items tended to go together in any case. Thus the resulting overall score only clearly indicated the discrepancy between those barely using a reflective approach and those using one regularly. It would be wrong to argue that the counsellor with a mean across their casework of, say, 8.23 was not as good as the counsellor with a mean of 8.24. Secondly, the other specialists’ pleas for commonality in process had raised a concern in the researcher that what was being sought was a means of rating counsellors against each other. Assessment or appraisal was an inevitable part of the specialists’ work and the unit’s roots in the Civil Service perhaps caused the researcher to be over-cautious. The value of the measure in facilitating development might have been damaged if it had come to be used to rank counsellors and so the researcher decided that it was better not to circulate the scoring method for the measure than to make the potentially damaging mistake of ‘giving the children a hammer in the glasshouse’.

The process measure was well received by counsellors and specialists, particularly as it was seen as bringing clarity to what had hitherto been a source of confusion.

The proof of the revised process measure’s utility in practice will have to wait until a substantial amount of data has been gathered which has notes falling into each of the groups, in each of the categories.

Such a study may well be able to produce a more meaningful factor structure than the one reported here and the measure’s split-half reliability would also provide a useful comparison to the present data. In a way, it was pleasing that the majority of the casenotes reviewed were in the first two categories – if they had been in the third and fourth, there would have been little scope for development. However, this also limits the credence that can be given to the reliability and factor analysis since, in effect, only half of the measure is really being analysed.



## **General**

Overall, the study in this part of the research has produced a useful aid to development that must be subject to much further work before it can be considered to be valid and reliable. It is, nonetheless, a considerable improvement on merely discussing content and process in the hope that there might be a shared definition between counsellors and it provides a starting point for further work.

Throughout this study, many issues were raised about the 'good', or 'good enough' counsellor, to paraphrase Winnicott. It was clear that process itself did not delineate the good enough from those not quite making the grade, even if it did provide another means of development for those identified by specialists' direct observation.

So, whilst the development of the measure seemed to provide some tangible outcome of the research which had a practical use, the question remained as to why some counsellors were writing 'process' type notes immediately after initial training without being instructed and others, some with many years experience, were struggling to achieve the desired note style. The answer may well have been that they didn't like writing, but knowledge of some of these individuals' office administration and counselling abilities led the researcher to a different conclusion.

The question about enduring personality traits had arisen a number of times during the research. Indeed as part of his day to day work on the design of the selection process for the company, the author had experimented, in collaboration with the company's business psychology department, with a range of measures from the formal, such as Cattell's 16PF, to those that are, perhaps, best used as catalysts for discussion, such as the MBTI (Myers & McCaulley, 1985) and 'learning styles' questionnaires (for example, Honey & Mumford (1981)). None of the measures tested seemed to be able to differentiate adequately either between those people who were recruited to the site and those rejected nor between those in post in terms of the specialists' perceptions of their ability as professionals. The detailed selection process ended with many different component parts but a theme throughout most of the elements was the ability of the candidate to reflect, both on their life experience to date and on their performance in each element of the process leading up to the final interview.

The recurring theme of reflection and self-other awareness throughout the selection process and throughout this text led the author to consider the possibility that the answer might lie in the degree to which an individual saw themselves or others as responsible for events in their lives. This notion was encouraged by Stoltenberg's (1981) comments that in considering development, it was important to take account of an individual's motivational drivers. (See chapter 1, p.28, chapter 4, p.137)

In other words, it was important to consider whether they were internally driven or driven by others. This is the subject of the next chapter.



## Chapter 5

### Employee Counselling in Industry

#### Introduction

In this section, the final part of the study will be described and an analysis presented. The development of the revised process scale for case notes discussed in chapter four raised many questions about the nature of the 'good' counsellor. Many of these questions were pertinent to the selection of counsellors and many raised further, and enormously large, questions which might be summarised by asking: "Do counsellors have enduring personality traits?"

Obviously, to give an adequate answer to such a question would constitute a very large body of work in itself and, as such, is beyond what can be achieved here. However, one area that is central to counselling and that has frequently arisen in the previous chapters concerns the way that the counsellor relates to, and is aware of, self and others.

Many counsellors and trainers of counsellors would agree that one of the most important parts of counsellor training is not theory or skills practice, per se, but personal development. (See, for example, Johns, 1996 or Mearns, 1997) Invariably, self and other awareness represent key objectives in personal development, whether they be as an integral part of the course or as separate development sessions. The many forms that personal development can take precludes dealing with the subject as a unified whole. For example, aspects of simply being on a course, personal counselling, supervised one to one practice, structured group supervision, specific self /other awareness exercises and assignments can all individually and in combination be argued to be responsible for promoting some development.

So, this too is a large area. However, Stoltenberg's reference to motivational factors (chapter 1, p.28) tied in with an interesting facet of the research site. This led the author to narrow down one area of interest to the previous research on *locus of control*.

Lefcourt (1991)<sup>1</sup> described the locus of control construct as:

"... a generalised expectancy pertaining to the connection between personal characteristics and/or actions and experienced outcomes... For some... outcomes are experienced as being dependent upon the effort expended in their pursuit... (For others)... success is probably perceived as being more a function of luck or of being related to the right people than it is of effort or ability... " (p.414)

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<sup>1</sup> Lefcourt (1991) also provides a useful background to the research on locus of control and the way that the various measures have developed over time.



In the site of the research, the move from a welfare to a counselling focus had, as discussed in chapter four, resulted in a change for those employed in the unit from being 'Powerful others' to their clients to being 'Skilled Helpers' (Egan, 1975). It meant that the helper was there to help the clients to help themselves rather than to sort out the clients' problems for them.

Thus, it might be argued that the counsellor's own perception of locus of control - to whom or what success can be attributed - was central to achieving a move from a directive approach to a non-directive one. If some counsellors perceive themselves as very different to their clients, they may not be able to empathise effectively (they may, for example, sympathise or simply not understand at all).

In chapter 4 the interest was in finding a means of encouraging reflection and it seemed possible at the outset of this study that those who engaged in reflection might be internally motivated and those who were not able or willing to do so were motivated by others. If such a division did exist and it was possible to accurately discriminate between counsellors who could develop reflective practice without outside intervention from those who could not, the management supervision at the site could be targeted where it was needed.

### **Aims and objectives**

The main aim of this section of the research was to investigate the proposition that some counsellors are internally motivated and some require external motivation in order to engage in reflective practice. It was also concerned with investigating whether counsellors at the site attributed a different locus of control to their clients than that which they use themselves.

The objectives were as follows:

- 1. To administer a measure of the locus of control construct to a group of 46 counsellors at the research site which might give some indication of both their own motivational drivers and those attributed to their (generalised) clients.
- 2. To complete a reliability analysis on the measures and to examine convergent validity through the use of correlation between subscales.
- 3. To investigate correlations between counsellor mean scores on fourteen variables related to the counselling relationship (7 from counsellor questionnaires and 7 from client questionnaires) and counsellor scores on the locus of control measures.
- 4. To investigate correlations between counsellor mean scores on the revised process measure developed in chapter 4 (pp.158-159) and counsellor scores on the locus of control measures.



### **Methodological considerations**

Of the many measures available, the choice of instrument used in the present research probably owes as much to the author's own belief system as it does to the usefulness of the construct, *per se*. Firstly, the author believes that to attempt to delineate enduring 'personality types' or 'traits' using a scale with relatively few components is folly. This is not to say that attempts should not be made, nor that the work reported in this chapter should be dismissed. Rather it is that any results obtained should be interpreted with care since it would be wrong to assume that something as complex as the human personality or human motivation can be reduced to assessment by an eight point scale.

Secondly, the author believes that to argue for a simple dichotomy between an external locus of control and an internal one (e.g. Rotter, 1966) is too simplistic. Logically, a belief in self-efficacy does not necessarily deny that chance or social factors can also be influential.

Thirdly, in the research site, the socially desirable values for counsellors were well established (e.g. the Rogerian core conditions). Therefore, it was believed that any attempt to measure locus of control within counsellors would need to ensure that social desirability was, as far as possible, minimised in any instrument used.

Whilst these pre-conditions succeeded in restricting the range of suitable instruments, the existence of measures of reliability, validity and norms were further requirements which enabled the potentially useful measures to be delimited from those that were not.

Paulhus' (1983) approach on spheres of control<sup>2</sup> was considered to be a useful avenue to follow but the lack of normative data and the questions raised by Lefcourt (1991) regarding the scale's possible item overlaps and lack of research on its validity precluded its use. Other measures, such as the Adult Nowicki-Strickland Internal-External Control Scale [ANSIE] (Nowicki & Duke, 1983), were believed by the researcher to be too related to their origins in assessing children's belief systems. Many of the items in the ANSIE referred to parental or family attitudes toward the respondent. Others referred to attitudes toward children and performance on grades and punishment that are probably not directly relevant to the conceptualisation of locus of control that the present research was trying to investigate.

Finally, no measure was found whereby both the respondent's views on their own locus of control could be compared with the respondent's views on other people's locus of control. This aspect was believed to be important for a number of reasons. First, a counsellor's self concept of locus of control and their conception of (generalised) clients' loci, might yield interesting results about the way self and others were perceived. Secondly, in the research site, it might be argued that those holding a 'welfare' view of the world might perceive themselves as highly internal & powerful

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<sup>2</sup> Paulhaus' measure was concerned with different areas (spheres) in a person's life such as interpersonal & sociopolitical and so, in effect, looks at the person in different environments.



and perceive others as highly external and subject to the influence of powerful others and / or chance. Those holding a 'counselling' view of the world might be expected to show much closer profiles for self and others because they hold the view that the efficacy of clients is equal to their own and subject to the same influences. Such hypotheses cannot be tested directly in the present work because no objective measure of the counsellors' actual world view was used or available. Thus, although it might be possible to demonstrate association between some counsellor's measures on self and their measures on others, it is not possible to state that this is due to a different 'world view' because there is no independent measure of this. Given the organisation's values toward counselling, it is unlikely that such a measure could be produced and render valid results because of the social desirability (or survival) factor. In other words, simply asking counsellors in an organisation if they favour a welfare or a counselling approach is unlikely to render an accurate result because the organisation will have a corporate view on the matter and counsellor's survival in that setting is likely to depend on fitting in with that view.

From the point of view of investigating empathic ability, however, there may be some scope in investigating internality, some of the relationship variables used in the study described in chapter 4 and the client's perception of benefit. It might be expected that those seen as good at understanding problems and feelings etc. would also show levels of internality in themselves that are similar to those attributed to clients. The point of interest here is not a particular level of internality but similar levels in their self perception and that attributed to clients.

The instrument chosen for this section of the research was that of Levenson (1981) which attempted to represent three separate aspects of the locus of control construct. Lefcourt (1991) describes the scales thus:

“... Internality (I) measures the extent to which people believe that they have control over their own lives. The Powerful Others (P) Scale concerns the belief that other persons control the events in one's life. The Chance (C) Scale measures the degree to which a person believes that chance affects his or her experiences and outcomes... ” (p.425)

The scales are each based on responses to eight items on a seven point Likert scale ranging from -3 (strongly disagree) to +3 (strongly agree). The totalled subscore on each scale is added to 24 (to eliminate negatives<sup>3</sup>) in order to yield an overall score for each subscale of between 0 and 48. Items from the original measure are shown below and the various subscales are indicated following each item.

1. Whether or not I get to be a leader depends mostly on my ability. (Internality)
2. To a great extent my life is controlled by accidental happenings. (Chance)
3. I feel like what happens... is most determined by powerful people. (Powerful others)

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<sup>3</sup> If a respondent marked all items in a subscale as strongly disagree (-3) their subscale score would be minus twenty four (8 items multiplied by minus 3). So, by adding 24 to all subscales the range is from zero to forty eight.



4. Whether or not I get into a car accident depends mostly on how good a driver I am. (Internality)
5. When I make plans, I am almost certain to make them work. (Internality)
6. Often there is no chance of protecting my personal interests from bad luck happenings. (Chance)
7. When I get what I want, it's usually because I'm lucky. (Chance)
8. Although I might have good ability, I will not be given leadership responsibility without appealing to those in positions of power. (Powerful others)
9. How many friends I have depends on how nice a person I am. (Internality)
10. I have often found that what is going to happen will happen. (Chance)
11. My life is chiefly controlled by powerful others. (Powerful others)
12. Whether or not I get into a car accident is mostly a matter of luck. (Chance)
13. People like myself have very little chance of protecting our personal interests when they conflict with those of strong pressure groups. (Powerful others)
14. It's not always wise for me to plan too far ahead because many things turn out to be a matter of good or bad fortune. (Chance)
15. Getting what I want requires pleasing those people above me. (Powerful others)
16. Whether or not I get to be a leader depends on whether I'm lucky enough to be in the right place at the right time. (Chance)
17. If important people were to decide they didn't like me, I probably wouldn't make many friends. (Powerful others)
18. I can pretty much determine what will happen in my life. (Internality)
19. I am usually able to protect my personal interests. (Internality)
20. Whether or not I get into a car accident depends mostly on the other driver. (Powerful others)
21. When I get what I want, it's usually because I worked hard for it. (Internality)
22. In order to have my plans work, I make sure that they fit in with the desires of people who have power over me. (Powerful others)
23. My life is determined by my own actions. (Internality)
24. It's chiefly a matter of fate whether or not I have a few friends or many friends. (Chance)

The scoring scale used for each item is shown below:

-3	-2	-1	0	+1	+2	+3
Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree



Scoring of the measure at first appeared to be unnecessarily complex and consideration was given to reformatting the Likert scale from one to seven but this would have made comparison with the previously published norms more difficult. Had this been adopted, eight points would need to be subtracted from the scores obtained to render them comparable with previously published norms and so the analysis would not really have been simplified at all. In fact, the analysis proved to be straightforward and the method of scoring the items probably does give respondents a clearer sense of the polar nature of the scale.

So, each item in the measure should have been awarded a score ranging from minus three to (plus) three by each respondent. Upon receipt of the completed forms, each set of eight subscale items were added together and twenty four added to each set in order to obtain the three subscale figures.

Levenson (1981) provided a wide range of norms, together with figures on the scales' reliability and validity (These are summarised in Lefcourt, 1991, p.426)

Although the Levenson (1981) instrument met the requirements for assessing self, it did not address the issue of others' locus of control. Therefore, the original instrument was amended to produce a second set of twenty-four items that focused on clients rather than on self. Each of the original items was changed from being written in the first person to the third, with the third person represented by a generalised client or generalised clients.

The author was concerned that modifying Levenson's original scale by removing the first person might detract from its usefulness because one of its strengths seemed to be that it was able to distinguish between the personal and ideological statements about generalised others that had dogged some of the earlier measures. However, on reflection, it seemed next to impossible to separate out ideology from attributions about others, whilst Levenson had demonstrated that this seemed a little easier when the attributions were self directed. Therefore, it was decided that the analyses should also investigate the internal reliability and convergent validity of the instruments, rather than rely on the detail published that only related to the 'self' scale.



## **Method**

The two instruments used in the study are shown in full in appendix 6 along with extracts of the covering letter that was mailed to 41 counsellors and 5 counselling specialists at the research site. Each mailing included return labels and a three-week deadline was given for the measure's return.

A total of three client forms were returned either unmarked (2) or scored with zero's (1) across all questions. After privately discussing the unmarked forms with the two individuals, these were entered as zero's. One individual marked his 'self' scale as zero's across all questions.

Those marking the scale as zero's were not followed-up because of an operational issue at the research site with one counsellor and concerns that this particular individual may have perceived any contact as implying that he was being 'singled-out'. Because this case could not be followed up it was felt inappropriate to follow up the case where there was no operational problem.

The returned data were input into a database system built by the author. This system totalled the subscale scores for each counsellor and added twenty-four to each of the totals in order to allow comparability with norms published by Levenson (1981) and reported in Lefcourt (1991). The output from the programme was analysed in SPSS™.

Feedback was offered to individuals completing the measure if they wished to receive it. This consisted of a generalised letter about the measure, stressing that the results were not 'written in stone' and that there were no 'wrong' answers. Appended to the note was a copy of their own scores. The note also stated that results may have been different had the measure been completed at a different time, that it could have been influenced by experience of clients (& life!) just before completing the measure and that anyone concerned about their own results could obtain one to one help via the author.



**Results**

Forty-three sets of questionnaires were returned out of a possible forty-six. (93.48%) After some thought, it was decided to include all responses in the analysis (i.e. including those scored as zero’s across all items) since the two counsellors who had been followed up had made it clear that they would have scored the scale in this way. The counsellor marking the self scale as all zero’s was also included.

Six people requested feedback and although none said that they were concerned about their profiles, two individuals later telephoned the researcher to discuss their own interpretation of the results. Both discussions focused on personal issues that the counsellors were already working on before completing the measure and both were concerned with the counsellors wanting to avoid being judgmental of their clients

**1. Administration of a measure of the locus of control construct to a group of 46 counsellors at the research site which might give some indication of both their own motivational drivers and those attributed to their (generalised) clients.** Results showed that on average counsellors saw themselves as more internal and less influenced by powerful others or chance than their clients.

The mean difference between self and others subscales<sup>4</sup> on internality was 4.12 (Standard deviation: 5.46). Thirty-four out of forty-three counsellors (79%) saw themselves as more internally motivated than their clients.

Mean difference between self and others subscales on powerful others was –3.09 (Standard deviation: 5.92). Thirty out of forty-three counsellors (70%) saw their clients as more influenced by powerful others than they saw themselves.

Mean difference between self and others subscales on chance was –2.58 (Standard deviation: 5.52). Thirty-one out of forty-three counsellors (72%) saw their clients as more influenced by chance than they saw themselves.

**2. Reliability analysis and examination of convergent validity through the use of correlation between subscales.**

Reliability analysis was completed for each of the six subscales and is shown in detail in Appendix 9. Table 37, below, shows the Alpha coefficients for each subscale. Each subscale contained eight questions and there were forty-three cases analysed for each one.

Table 37 Reliability Analyses (Alpha) for each subscale (n=43) (Items=8 in each subscale)			
Subscale	Alpha	Subscale	Alpha
Self – Internality	0.7333	Others – Internality	0.6042
Self – Powerful Others	0.7507	Others – Powerful Others	0.8257
Self – Chance	0.7076	Others – Chance	0.7703

<sup>4</sup> Each counsellor’s score on the ‘others’ measure was subtracted from their score on the ‘self’ measure to obtain the difference scores.



Convergent validity for the measures was also examined. The full correlation matrix is shown in Appendix 9 and table 38, below, shows correlations significant at  $p \leq 0.05$ .

Table 38 Significant correlations at $P \leq 0.05$ between subscales (N=43)						
	<i>Chance (Others)</i>	<i>Powerful Others (Others)</i>	<i>Internality (Others)</i>	<i>Chance (Self)</i>	<i>Powerful Others (Self)</i>	<i>Internality (Self)</i>
<i>Chance (Others)</i>		0.6785 $p=0.000$	-0.4078 $p=0.007$	0.6044 $p=0.000$	0.3582 $p=0.018$	
<i>Powerful Others (Others)</i>	0.6785 $p=0.000$			0.3101 $p=0.043$	0.6794 $p=0.000$	
<i>Internality (Others)</i>	-0.4078 $p=0.007$			-0.3011 $p=0.050$		0.6300 $p=0.000$
<i>Chance (Self)</i>	0.6044 $p=0.000$	0.3101 $p=0.043$	-0.3011 $p=0.050$		0.3939 $p=0.009$	-0.5768 $p=0.000$
<i>Powerful Others (Self)</i>	0.3582 $p=0.018$	0.6794 $p=0.000$		0.3939 $p=0.009$		
<i>Internality (Self)</i>			0.6300 $p=0.000$	-0.5768 $p=0.000$		

**3. To investigate correlations between counsellor mean scores on fourteen variables related to the counselling relationship (7 from counsellor questionnaires and 7 from client questionnaires) and counsellor scores on the locus of control measures.**

In order to deal with this objective, data from the study described in chapter four were used. This gave an initial sample of 295 cases from 17 counsellors. Mean scores were calculated for each counsellor on each of two sets of seven key variables from the questionnaires used in the first main study (chapter 3). The counsellor mean scores were entered as data together with the locus of control scores.

So, each of the seventeen counsellors had scores for internality, powerful others and chance for the ‘self’ and the ‘client’ measures as well as mean scores on a range of variables which were used on the client and counsellor questionnaires.

Mean scores are detailed in Appendix 9 together with the full correlation matrix. Table 39, below, shows the results from the correlations for the locus of control measures against the two sets of seven key variables from the client and counsellor questionnaires.



<b>Table 39</b> Correlations between locus of control results & counsellor mean scores on questionnaire variables (Significant results ( $p < 0.05$ ) in bold, italic) <sup>5</sup>						
N=17	Internality (Self)	Powerful others (Self)	Chance (Self)	Internality (Clients)	Powerful others (Clients)	Chance (Clients)
Client: Counsellor understood problem	<b><i>0.5649</i></b> <i><b><math>p=0.018</math></b></i>	0.0843 $p=0.748$	<b><i>-0.6553</i></b> <i><b><math>p=0.004</math></b></i>	0.2671 $p=0.300$	0.0493 $p=0.851$	-0.2276 $p=0.380$
Client: Counsellor understood feelings	<b><i>0.4863</i></b> <i><b><math>p=0.048</math></b></i>	0.2088 $p=0.421$	<b><i>-0.5886</i></b> <i><b><math>p=0.013</math></b></i>	0.1541 $p=0.555$	0.2285 $p=0.378$	-0.0914 $p=0.727$
Client: Counsellor gave advice	<b><i>0.5575</i></b> <i><b><math>p=0.020</math></b></i>	0.1782 $p=0.494$	-0.4065 $p=0.105$	0.1747 $p=0.502$	0.1465 $p=0.575$	-0.0348 $p=0.895$
Client: Counsellor accepted me as I am	<b><i>0.6710</i></b> <i><b><math>p=0.003</math></b></i>	0.4022 $p=0.110$	<b><i>-0.5815</i></b> <i><b><math>p=0.014</math></b></i>	0.3129 $p=0.221$	0.2966 $p=0.248$	-0.2773 $p=0.281$
Client: Counsellor encouraged me to make my own decisions	<b><i>0.5359</i></b> <i><b><math>p=0.027</math></b></i>	0.1395 $p=0.593$	<b><i>-0.5327</i></b> <i><b><math>p=0.028</math></b></i>	0.1362 $p=0.602$	0.3644 $p=0.150$	0.1630 $p=0.532$
Client: Counsellor showed me respect	<b><i>0.6188</i></b> <i><b><math>p=0.008</math></b></i>	0.3125 $p=0.222$	<b><i>-0.5415</i></b> <i><b><math>p=0.025</math></b></i>	0.4427 $p=0.075$	0.2337 $p=0.367$	-0.2923 $p=0.255$
Client: I feel I benefited from talking to the counsellor	<b><i>0.6101</i></b> <i><b><math>p=0.009</math></b></i>	0.3317 $p=0.193$	-0.4566 $p=0.065$	-0.0103 $p=0.969$	0.3946 $p=0.117$	0.1076 $p=0.681$
Counsellor: I understood the client's problem	0.3444 $p=0.176$	<b><i>0.5395</i></b> <i><b><math>p=0.025</math></b></i>	<b><i>-0.5061</i></b> <i><b><math>p=0.038</math></b></i>	0.1819 $p=0.485$	0.2833 $p=0.270$	-0.0858 $p=0.743$
Counsellor: I understood the client's feelings	0.3167 $p=0.216$	<b><i>0.5309</i></b> <i><b><math>p=0.028</math></b></i>	<b><i>-0.4984</i></b> <i><b><math>p=0.042</math></b></i>	0.1265 $p=0.629$	0.3052 $p=0.234$	0.0045 $p=0.986$
Counsellor: I gave advice or guidance	-0.0975 $p=0.710$	-0.1037 $p=0.692$	-0.4469 $p=0.072$	0.1243 $p=0.635$	-0.2652 $p=0.304$	-0.2361 $p=0.362$
Counsellor: I found it hard to accept client (original scores reversed <sup>6</sup> )	-0.3285 $p=0.198$	0.4532 $p=0.068$	0.1654 $p=0.526$	-0.0333 $p=0.899$	-0.1437 $p=0.582$	-0.0508 $p=0.847$
Counsellor: I encouraged the client to make own decisions	-0.4136 $p=0.099$	0.1648 $p=0.527$	0.3146 $p=0.219$	<b><i>-0.6571</i></b> <i><b><math>p=0.004</math></b></i>	-0.1874 $p=0.471$	0.2830 $p=0.271$
Counsellor: The client would say that I showed them respect	-0.1343 $p=0.607$	0.2339 $p=0.366$	0.0212 $p=0.936$	-0.1350 $p=0.605$	-0.1559 $p=0.550$	0.0642 0.807
Counsellor: The client benefited from talking to me	0.2423 $p=0.349$	0.3051 $p=0.234$	-0.2959 $p=0.249$	0.0206 $p=0.938$	0.1716 $p=0.510$	0.0676 $p=0.796$

<sup>5</sup> In interpreting this table, the reader should bear in mind that the variables from the client and counsellor questionnaires were scored from one to seven with one representing 'Strongly agree' and seven representing 'Strongly disagree'. Thus, for all questions (except 'I found it hard to accept the client') a score of one indicates better performance on the variable than does a score of seven. In contrast, on the locus of control scales a higher number indicates greater significance of the attribute. So, a negative correlation indicates that as the locus of control variable increases, performance on the client / counsellor variable improves and a positive correlation indicates that as the score on locus of control variables rises, performance on client / counsellor variables deteriorates.

<sup>6</sup> The question 'I found it hard to accept the client' (1=Strongly agree / 7= Strongly disagree) was transformed so that scores on the question were in the same direction as all other questions - Thus a score of 1 became 7, 2 became 6 and so forth.



4. To investigate correlations between counsellor mean scores on the revised process measure developed in chapter 4 (pp.158-159) and counsellor scores on the locus of control measures.

None of the locus of control variables from either the ‘self’ scale or the ‘clients’ scale showed any significant correlations with the mean scores on the revised process measure. (Table 40, below)

Table 40 Correlations between locus of control measures and counsellor mean score on the revised process measure						
N=17	Internality (Self)	Powerful others (Self)	Chance (Self)	Internality (Clients)	Powerful others (Clients)	Chance (Clients)
Process Analysis results	-0.2700 p=0.295	-0.3084 p=0.228	0.2238 p=0.388	-0.1664 p=0.523	-0.2285 p=0.378	-0.1001 p=0.702

### Some additional analyses

Several potentially confounding variables exist in relation to counsellors that were amenable to testing. Their gender, length of counselling experience and date of appointment to either the former Welfare service or to Employee Counselling may all have influenced an individual’s results on the locus of control measure. (Clearly, there are many other potential confounding variables, such as life experience, but these are not easily tested.)

In order to investigate these factors, the original data containing 43 counsellor results on locus of control that could be matched with data on length of service and length of counselling experience were correlated.

The complete results are shown in Appendix 9 but no significant correlations were found between either of the experience variables and the locus of control constructs.

Independent samples t-tests were completed for gender against each of the locus of control variables. These are shown in tables 41-46, below.

**Table 41** Independent samples t test of counsellor gender against internality score from the 'self' measure.

Counsellor Gender	N	Mean	SD	SE of mean
Male	22	32.3182	8.173	1.742
Female	20	34.0000	4.877	1.091

Mean difference = -1.6818

Levene's test for equality of variances: F= 2.391 p=0.130

t-test for equality of means

Variances	t-value	df	2-tail sig.	SE of diff.	95% CI for diff.
Equal	-0.8	40	0.429	2.104	(-5.935,2.571)
Unequal	-0.82	34.78	0.419	2.056	(-5.856,2.492)



**Table 42** Independent samples t test of counsellor gender against powerful others score from the 'self' measure.

Counsellor Gender	N	Mean	SD	SE of mean
Male	22	19.6818	7.467	1.592
Female	20	16.9500	6.809	1.523

Mean difference = 2.7318

Levene's test for equality of variances: F= 0.012 p=0.912

t-test for equality of means

Variances	t-value	df	2-tail sig.	SE of diff.	95% CI for diff.
Equal	1.23	40	0.224	2.213	(-1.741,7.205)
Unequal	1.24	40	0.222	2.203	(-1.721,7.185)

**Table 43** Independent samples t test of counsellor gender against chance score from the 'self' measure.

Counsellor Gender	N	Mean	SD	SE of mean
Male	22	17.2727	5.539	1.181
Female	20	17.4500	6.605	1.477

Mean difference = -0.1773

Levene's test for equality of variances: F= 1.318 p=0.258

t-test for equality of means

Variances	t-value	df	2-tail sig.	SE of diff.	95% CI for diff.
Equal	-0.09	40	0.925	1.875	(-3.968,3.613)
Unequal	-0.09	37.28	0.926	1.891	(-4.010,3.655)

**Table 44** Independent samples t test of counsellor gender against internality score from the 'others' measure.

Counsellor Gender	N	Mean	SD	SE of mean
Male	22	29.3182	6.175	1.317
Female	20	28.8000	5.653	1.264

Mean difference = 0.5182

Levene's test for equality of variances: F= 0.000 p=0.987

t-test for equality of means

Variances	t-value	df	2-tail sig.	SE of diff.	95% CI for diff.
Equal	0.28	40	0.779	1.833	(-3.187,4.224)
Unequal	0.28	40	0.778	1.825	(-3.171,4.208)



**Table 45** Independent samples t test of counsellor gender against powerful others score from the 'others' measure.

Counsellor Gender	N	Mean	SD	SE of mean
Male	22	21.0455	6.855	1.462
Female	20	21.6000	8.647	1.934

Mean difference = -0.5545

Levene's test for equality of variances: F= 1.999 p=0.165

t-test for equality of means

Variances	t-value	df	2-tail sig.	SE of diff.	95% CI for diff.
Equal	-0.23	40	0.818	2.397	(-5.400,4.291)
Unequal	-0.23	36.22	0.820	2.424	(-5.472,4.362)

**Table 46** Independent samples t test of counsellor gender against chance score from the 'others' measure.

Counsellor Gender	N	Mean	SD	SE of mean
Male	22	18.8636	4.941	1.053
Female	20	21.0500	7.850	1.755

Mean difference = -2.1864

Levene's test for equality of variances: F= 3.980 p=0.053

t-test for equality of means

Variances	t-value	df	2-tail sig.	SE of diff.	95% CI for diff.
Equal	-1.09	40	0.282	2.004	(-6.238,1.866)
Unequal	-1.07	31.46	0.294	2.047	(-6.363,1.990)

Analysis was also completed between difference scores on the seven matched client / counsellor variables and the locus of control measures. This is not reported here for reasons explained in the discussion which follows.



## Discussion

**1. Administration of a measure of the locus of control construct to a group of 46 counsellors at the research site which might give some indication of both their own motivational drivers and those attributed to their (generalised) clients.** During the period allowed for the return of the questionnaires, only two queries arose and both were on the client scale. The first was concerned with the focus of the client measure. In essence whether the counsellor should focus her answers on clients in general (as was intended) or on a specific client. The second query was raised by a recently trained counsellor about the ‘...correct way to answer the client scale... because we should be non-judgmental...’ In the end this counsellor returned her client scale with every question scored as ‘neither agree nor disagree’. Her ‘self’ scale did have a range of scores and this serves to highlight one of the hidden dangers of social desirability in specific contexts. As counsellors were trained in the research site in non-directive counselling, they may come to believe that it is ‘wrong’ to show that they hold values or beliefs toward their clients which do not seem to be in-line with the ‘corporate’ belief system. It would be interesting to know if the fact that the scale used was anchored around zero resulted in the cases where respondents marked all questions with zero and whether using a one to seven scale would have altered the results. Whilst there is no mathematical difference, there may be a perceptual one in so far as a scale anchored around zero may encourage a more dichotomous view of the questions to be taken.

Analysis of the differences between the counsellors’ views of their own locus of control and those attributed to clients revealed an interesting pattern (p.179). The majority of counsellors appear to see themselves as higher on internality and less subject to the influences of powerful others and chance than they see their clients.

Appendix 9 shows the full results as well as a number of follow-up analyses which were not part of the original objectives.

For example, Skovholt and Ronnestad’s (1995) work indicated that beginning therapists were more anxious than those with more experience and the author felt that there might also be some change in the difference between the way that clients and self were seen over time. As none of the locus of control variables from either the self or others scales were correlated with either length of time since appointment or length of time in counselling<sup>7</sup>, the difference between self and other results on each subscale were correlated with ‘time since appointment’ and ‘time in counselling’. No significant correlations were obtained, indicating that there was no statistically significant association between the ‘experience’ variables and differences between self and clients.

If such anxiety existed and was related to the counsellor’s locus of control, it might have been expected that beginning counsellors would attribute the locus of control

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<sup>7</sup> If these items had been associated, then this would have confounded the analysis and rendered any significant correlation in the subsequent analysis highly suspect. Detailed results are shown in appendix 9.



externally and hence experience a lack of control and subsequent anxiety and experienced counsellors would attribute the locus of control internally and experience a feeling of being in control with consequent lessened anxiety.

The present study showed no trend in the locus of control / experience variables but it may be that anxiety and locus of control are not linked or that the anxiety reported by the likes of Skoholt and Ronnestad (1995) is more specifically targeted and that any anxiety tapped into by the locus of control measure is more generalised.

## **2. Reliability analysis and examination of convergent validity through the use of correlation between subscales.**

Previous work, quoted by Lefcourt (1991) (p.426) found that the (self) 'Powerful others' and 'Chance' subscales correlated with each other from 0.41 to 0.60 and each of these correlated with the (self) 'Internality' subscale between -0.25 and 0.19. Lefcourt (Ibid) also quotes negligible results when the (self) subscales were evaluated opposite the Crowne-Marlowe Social Desirability scale<sup>8</sup>.

All of the coefficients except 'Others - internality' reached an acceptable level in the present study (table 37, p.179) and it is interesting to note that, with this exception, the 'others' subscales yielded higher values than did those for the 'self' subscale, although it should be said that the sample size was smaller than would be needed to draw any firm conclusions from the data.

In the present research (table 38, p.180), *within* both 'Self' and 'Others' scales, Powerful others and Chance were correlated positively, although the variance accounted for in the 'others' subscale was 46.04%, whereas only 15.52% was accounted for in the 'self' scale. Again, *within* both scales, Chance correlated negatively with Internality but, in this case, the amount of variance accounted for in the 'self' scale is somewhat higher. (33.27% as against 16.63%).

Between the 'self' and 'others' measures, the Internality, Powerful others and Chance subscales all correlated significantly with their opposite numbers, as might have been expected. Chance in the 'others' measure also correlated significantly with powerful others in the 'self' measure and vice versa. However, although Internality from the 'others' measure correlated (negatively) with Chance in the 'self' measure, there was no significant correlation between Chance in the 'others' measure and Internality in the 'self' measure.

Whilst the results seem to lend some support to the reliability and convergent validity, the discrepancies mean that any conclusions drawn when looking at the results against the data from the studies in chapters three and four must be extremely tentative. As was argued on the second page of this chapter, attempting to discover enduring character traits or personality types on the basis of eight generalised questions is folly.

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<sup>8</sup> In two studies reported in Lefcourt(1991), the following results were obtained against the Crowne-Marlowe scale: Internality 0.09, 0.04; Powerful others 0.04, 0.11; Chance -0.10, 0.08



**3. To investigate correlations between counsellor mean scores on fourteen variables related to the counselling relationship (7 from counsellor questionnaires and 7 from client questionnaires) and counsellor scores on the locus of control measures.**

Table 39, p.181 shows the results from this part of the analysis. The rationale for investigating this area was to investigate any possible associations between relationship variables used as part of the study described in chapter 3 and the locus of control variables. However, more interesting questions might be: 'Do better counsellors have higher or lower internality than those who are not so effective?' or 'Do effective counsellors have profiles which delineate them from less effective counsellors and the population as a whole?'

Unfortunately, such questions fall foul of the old chestnut of defining the word 'effective', and any comparison with the data from chapter three (and four) rests on assumptions about what is and is not better or more 'effective'. This being said, one of the key assumptions underlying this piece of work is amenable to testing. That is, that clients' views of the effectiveness of counselling may be associated with different profiles from the locus of control measures.

Whilst it was not believed strongly enough to suggest a one tailed test, during the data gathering, the author began to wonder if those individuals with a high internality score would be better counsellors from the client's perspective.

As has been apparent throughout the text, the difficulties of defining 'better' preclude any hard and fast conclusions and the simplicity of the locus of control measures probably precludes too much reliance on them. However, the results appear to show that as Internality ('self') increases, the client's view of the benefit of counselling decreases<sup>9</sup>.

The main groupings of significant correlations (at  $p < 0.05$ ) were between the 'self' scale Internality and the 'self' scale Chance measures. Only two of the 'self' scale Powerful others correlations yielded significant results.

The significant results on Powerful others (self) against the two counsellor variables indicates that as the counsellor increasingly sees powerful others as important in determining the future, the counsellor also sees themselves as less able to understand the client's problem or feelings.

The results indicate some other interesting facets of the analysis. First, as counsellor Internality (self) increases, *client's means* for counsellors on: a) the counsellor's

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<sup>9</sup> Scores on the questionnaire were such that a lower score generally indicated a positive result. Thus, a client strongly agreeing with, for example, 'The counsellor understood my problem' would score 1 and a client strongly disagreeing would score 7. So, a positive correlation indicates that as Internality, for example, increases, so does the score on the questionnaire variables. Thus a positive correlation is indicative of increasing scores on the locus of control measures being associated with a decrease in the desired behaviour. This is not, of course, the case with the advice giving question as in counselling theory, absence of advice giving is viewed positively. Clients do not appear to share the same theory.



understanding of problem, b) the counsellor's understanding of feelings, c) the counsellor's advice giving, d) the counsellor's acceptance of the client, e) the counsellor's respect for the client and f) the benefit of talking to the counsellor, all increase.<sup>10</sup> That is, as the counsellors' internality increases, clients perceive the behaviour on these relationship factors to deteriorate.

Secondly, as the counsellor's locus of control Chance ('self') score increases, the client's scores on: a) the counsellor's understanding of problem, b) the counsellor's understanding of feelings, c) the counsellor's acceptance, d) the counsellor's encouragement to take own decisions, e) being respected by the counsellor and f) the counsellor's view of their own understanding of problem and g) the counsellor's own view of their understanding of feelings all decrease. That is, as counsellors' attribution of events to chance increases, results on these variables improve.

Table 39, p.181 shows that only one of the locus of control 'client' variables yielded a significant correlation with any of the questionnaire variables. This was between the counsellor's attribution of 'client's' Internality and the counsellor's own view of their encouragement to the client to make their own decisions. This indicates that as Internality ('others') increases, so to does the counsellor behaviour on encouragement to the client to make decisions.

The points above suggest relevant areas of enquiry for empathy research but it is important to remember that all of the relationship variables are interrelated and so it is possible that many of the results are actually spurious.

Nevertheless, the fact that the client variables from the questionnaires are associated with internality in this study opens up a novel area of enquiry, with potentially important findings for the selection and recruitment of counsellors which may be in the opposite direction to that which intuition might suggest. The implications for the selection process of counsellors, if the results are valid and reliable, are that:

1. Counsellors with a high Internality ('self') score should be deselected for shortlists

and

2. Counsellors with a high Chance ('self') score should be included.

However, before any such regime could be introduced, a great deal more work would be necessary to examine, and probably develop, a reliable measure of locus of control

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<sup>10</sup> Scores on the questionnaire were such that a lower score generally indicated a positive result. Thus, a client strongly agreeing with, for example, 'The counsellor understood my problem' would score 1 and a client strongly disagreeing would score 7. So, a positive correlation indicates that as Internality, for example, increases, so does the score on the questionnaire variables. Thus a positive correlation is indicative of increasing scores on the locus of control measures being associated with a decrease in the desired behaviour. This is not, of course, the case with the advice giving question as in counselling theory, absence of advice giving is viewed positively. Clients do not appear to share the same theory.



which tapped into enduring and changing qualities of the counsellor. Such a measure would need to be subjected to longitudinal studies of counsellors throughout their employed lives to control effectively for changes over time. Secondly, and most important in respect to the results reported here, it should be administered before a counsellor is appointed and trained to check that initial induction and training is not responsible for changing an individual's locus of control. It may be that the present study failed to show an association between length of experience simply because some change may occur in the early months of practicum.

#### **4. To investigate correlations between counsellor mean scores on the revised process measure developed in chapter 4 (pp.158-159) and counsellor scores on the locus of control measures.**

Whilst none of the process analysis results produced significant results, this finding is also interesting. It would seem to indicate that locus of control is not associated with the quality of process notes produced, as measured by the revised process scale.

It might have been expected that a counsellor with low internality and high chance scores would have seen what occurred in the counselling session as unrelated to their own behaviour and therefore would find it difficult to describe the 'process' aspects of the interaction. This does not appear to be the case in this study.

#### **Additional analyses**

Discussion of the first objective above (p.185-186) indicated that neither of the experience variables were associated with locus of control. Independent samples t-tests were also completed on counsellor gender against each of the locus of control variables to examine the data for any differences in the means of the two gender groupings. None of these analyses yielded significant results, indicating that neither counsellor gender nor experience accounts for differences in the results on the locus of control variables.

The differences in perception between clients and counsellors on the matched pairs of seven questions and their association with the locus of control variables were not reported in the results section (but are shown in appendix 9). This was because it was known that the original scores were correlated with the locus of control variables and the significant associations found in the analysis are almost certainly a result of the original associations between the client / counsellor variables. It is, perhaps, ironic that, had there been no association between the difference variables and locus of control variables, this result would have been valid<sup>11</sup>.

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<sup>11</sup> Because the original association would not have been strengthening a non-significant correlation to such an extent as to render it spuriously significant, a non-significant result would be valid. However, the significant results obtained may have arisen simply because the difference scores were derived from variables which were correlated with the locus of control measures and are, therefore, invalid (see Cohen, 1983, pp.72-73)



## **General**

Perhaps the best that can be said is that the area is worthy of further research, preferably using a more comprehensive measure of locus of control and probably more effective measures of the case work variables which are capable of yielding more orthogonal results between case work variables than the present data set.

In practice, the most difficult aspect to quantify is likely to be 'client benefit'. Without effective triangulation, this is always likely to be subjective and as Lambert, (1994), asserted, judges, clients, their significant others and counsellors all tend to have different views, so triangulation may be a non-starter in any case. When such narrowly focused studies show wide variation on one type of presenting problem in the eyes of participants or observers, the likely range where there are many presenting problems, is probably much larger. It may even be so large that unless problem types are studied as a subset and some means of adequately controlling for extraneous counsellor variables is used, analysis will result in missing relevant associations or producing spurious ones.

To produce a sample with enough cases of a particular variety of problem, for each counsellor in the organisational context is likely to take many years and at the end there is no guarantee that meaningful results will be generated. This is not least because a major confounding variable over time is the counsellor's experience. As was argued in the first chapter, this changes over time, for life, in the researcher's opinion. If this is the case, then results obtained at one point in time are from a qualitatively different counsellor to those obtained at a second point.

Furthermore, the references to the 'wounded healer', (Chapter 4, p.103) may give a clue as to why there were no significant results between either of the experience variables and 'benefit' or the locus of control measures. Firstly, although human development research owes a great deal to the likes of Piaget and others, because much of this research was on children and adolescents, it tried to link chronological age with developmental stages and such measures (i.e. time) may not be relevant to adult development in quite the same way. Life events, such as births, marriages, divorce and (for example) the death of parents, may happen to many people within a given time frame but Rogerian theory (and the author) hold that each individual is unique. Therefore, each individual's experience of these events is likely to be different and what builds to constitute the 'wounded healer' may be different and a result of the interplay between environment and personality for each person.

Even after all this has been said, and even though in the research site there was supposed to be a common theoretical approach to counselling, another factor which may confound results is the variability in the type of counselling which individual counsellors actually offer when away from the corporate gaze. In fact, one of the rarely stated but pervasive objectives in the training programmes in the research site was to encourage counsellors through training to 'find their own approach', whilst retaining the Rogerian core conditions and working within the prescribed code of ethics. Thus individual variability may account for differences between counsellors to a much greater extent than their own degree of internality.



So, adequate analysis may not be possible without a large number of clearly assessed presenting problems, clearly assessed counsellors, a range of different data sources and great detail about each of the counsellor's background and life experiences. Even then, individual differences may still confound the results and controlling for them may be an impossibility.

In short, whilst the results of this research have contributed to the body of knowledge in this area, the search for specific associations is probably akin to searching for a needle in a haystack, with no guarantee that the needle actually exists.



## **Chapter 6**

### **Employee Counselling in Industry**

#### **Introduction**

In this chapter, the body of work as a whole will be discussed. Some of the issues that the research raised will also be considered and some suggestions for future areas of enquiry will be offered.

Overall, this chapter is intended to consolidate the work reported in earlier chapters and to specify the contribution that this study is believed to bring to research into counselling in the workplace.

However, before addressing these points, some of the more general issues raised by the research will be discussed.

#### **Philosophical Concerns raised by the research**

Whilst on one level, the body of work in chapters one to five can be seen as an attempt to apply scientific principles to the topic of counselling in an organisational environment, some of the problems, inherent in the approaches adopted, raise serious questions on the nature of enquiry in counselling, generally. These issues are not new but are worthy of re-stating.

Psychologists commonly strive to apply the scientific (and sometimes positivistic) method to the rich tapestry of the social world and attempt to control for as many aspects as possible in order to objectify the evidence obtained. In the research reported here, there were two major groups of problems in doing this. The first were definitional - What constitutes development?; What constitutes benefit in counselling?; What defines a better counsellor? and so forth. The second group, inextricably linked to the first, were concerned with the reliability and validity of the gathered data and subsequent analyses. On the whole, it was perceptions of clients and counsellors that were gathered (and intended to be gathered). There were no guarantees that any two clients, or any two counsellors, would be using the same understanding of the words in the surveys and no guarantees that different sorts of counsellor notes would, necessarily, be any better than any other. As if these facts alone do not complicate or render the data too subjective for a positivist to stomach, different counsellors saw different, and different numbers of, clients working in different environments in different parts of the country under different company divisions, and doing different jobs. The clients also had different problems, almost certainly different social support networks, different backgrounds and probably different ability levels. Whilst the counsellors had all received the same in-house training, their length of experience and approaches to counselling probably differed in practice. The data were collected over a eight-month period just after the company had undergone one of the largest downsizing operations in the UK and during a period of massive company re-organisation. Thus the potential for extraneous influences in



the data were massive and the researcher accustomed to the laboratory setting is unlikely to even attempt to try to make sense of it.

Although longitudinal data gathering might well have been able to control for some of the problems in the data, to use such a method over a period of years would cause further confounding simply because development in counselling can and does happen without the researcher necessarily knowing. Life events happen without control and the experience of seeing clients in itself is likely to cause some development, even if it is only learning through making mistakes. Furthermore, no company stays the same (and survives) and so the company, its employees and any policies in the counselling unit are likely to change over time.

So, what remains for the researcher after all these problems have been considered? The difficulties with the data initially seem to suggest that a more qualitative approach might be suited. Certainly the rise in qualitative work over the last decade is encouraging but to the researcher this seemed, to be in some ways, an easier road to travel because of the problems with quantitative analysis where a pre-post-control design might not fit. However, to refuse to use quantitative approaches because the area is messy seemed to be nothing more than defeatism. Where quantitative approaches are chosen, these must account for the messy and difficult to analyse problems that are bound to arise in large-scale counselling research and if the qualitative route is adopted the method should be used rigorously in a way that lends itself to replication and which uses large enough samples to justify generalisation.

In reviewing the literature, two things were evident. Firstly, it seemed that some quantitative analyses used difficult to defend criteria for defining variables like experience and seemed to ignore statistically important and potentially confounding influences (E.g. McNeil et al. (1992) See chapter 1, pp.34-36). Furthermore, much of the quantitative research was based on the American student population, which may limit its generalisability. Secondly, where a qualitative style was adopted, the scale of the work was limited to only a small number of practitioners (E.g. Carroll, C. (1994)). Whilst the latter point was not surprising, given the amount of time needed to do qualitative analyses, the former was rather confusing.

It is undeniable that the area of research into counselling is complicated by both ethical problems which tend to limit the ability of the researcher to adequately control the data and pragmatic problems which limit the amount of time that can be given to studies. In a naturalistic setting, the repeated measures issues with data have probably caused some researchers to adopt qualitative approaches, whereas in the academic setting there may be more scope to control for such issues in the design with the result of quantitative methods being adopted more readily. Some counsellors may also be more comfortable with methods akin to the counselling process (I.e. qualitative) with the consequence that the level of understanding of statistical approaches amongst counsellors is, in the author's experience at any rate, rather poor. Whatever the reasons, the possibilities of moving the area forward were limited, when what was, perhaps, needed in reality, was some form of amalgamation of the two approaches in naturalistic settings.



In the end, the quantitative analyses completed in the present work addressed the research objectives set for them but there were other areas where useful information remained hidden because the design was such that it was impossible to address them (E.g. Analysing counsellor perception of counsellors' own understanding of problems / feelings against both client and counsellor perception of benefit would be invalidated because each counsellor saw different clients, different numbers of clients, with different problems, at different times).

Even as it stands the present research might well be criticised in the sections where a large number of analyses were performed because a significance level of  $p < 0.05$  was set for each test. Given the number of analyses, chance would almost certainly produce some significant results and consequently the results throughout have to be treated tentatively.

While a quantitative design capable of addressing such problems in a non-laboratory setting is yet (and unlikely ever) to be devised, the practitioners in the area wait for some guidance, even some standard to aim for in dealing, in a scientifically rigorous way, with the complex analyses which might yield, as yet untapped, information.

During the literature search, the author became aware of the debate between qualitative and quantitative methods in counselling research. (See, for example, Bergin and Garfield, (1994) or McLeod (1994)) However, he was at first more comfortable with quantitative methods and it took the problem of process definition (chapter 4) to convince him that a combination of methods was necessary. McLeod (1994) makes the point succinctly:

“...Useful research knowledge is not manufactured through the mechanical application of method. Rather, method is used to assist the basic human impulse to know and learn...” (p.182)

In short, the area is difficult to research quantitatively and the small scale of much qualitative work rather limits its generalisability. What appeared to be a similar debate to that surrounding eclecticism in the 1980's in the counselling field<sup>1</sup>, seemed to have occurred in counselling research in so far as it is only in the last few years that qualitative approaches have gained ascendance and a synthesis has become more acceptable.

### **The contribution of the present work**

Much has been written about counselling and therapy, although there is a dearth of published work in the area of counselling in the workplace. Much less is the volume of research or publication by individuals' responsible for managing or delivering such programmes in the UK. A notable exception to this is Tehrani (1994, 1995) but very

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<sup>1</sup> Many counsellors (including the author) received criticism in the 1980's for describing themselves as 'eclectic'. The critics saw this as a refusal to commit to one approach and as a sign that the eclectic was 'jack of all trades – master of none'. The rise of 'integrative' approaches seemed to the author to be no more than another name for his 'eclecticism' and so he has stayed 'eclectic'.



little of the published work offers more than opinion, suggestions for research or descriptive accounts of what have really been management initiatives in-line with corporate objectives. Of the rest (E.g. Megranahan, 1989), much of it is concerned with setting up schemes and getting management buy-in to the idea.

The present research was an attempt to address some of the areas that should be important to the service provider such as how to manage a scheme and develop its counsellors. It started with some opinions as to what worked in practice and has attempted to open these opinions to allow more rigorous scrutiny and hopefully to allow other researchers to build on the existing work.

The development of the mirrored questionnaires in the second chapter and the evidence that comparing client and counsellor perspectives was flawed as a management approach in the third led to the investigation of 'process notes' in the fourth chapter. The question of differences between counsellors took the researcher on to the study reported in the fifth chapter and, as a whole, the research demonstrates that qualitative and quantitative approaches can be meaningfully combined.

In order to begin to describe the contribution of this research, it might be useful to examine the initial aims and in the three main studies, the objectives from each part.

#### **The first study including the development of the overall methodology**

In the first chapter, four key areas, derived from the original research question were delineated:

*Managing a counselling service for a UK organisation*

*Promotion of development of the counsellors*

*Highlighting of organisational problems*

*Provision of some measures of customer feedback*

It was stated that it would not be possible to test all of them adequately in the present studies and that the focus of the research would be on counsellor development.

Although the managerial relationship at the site (splitting the professional from the line management aspects) had been suggested by the researcher prior to commencing the research reported here, the changes were implemented after the research began and whilst it had originally been intended to interview the managers both before and after implementation, the fact that they were aware of the new arrangements and broadly in favour of them when initially interviewed and still in favour of the approach after eighteen months, led to this avenue of enquiry being abandoned. Interview transcripts with two specialists are reproduced in appendix 10 and lend some support to the idea of specialisation.



It is only fair to mention that the specialists' agreement with the casework management approach may be an example of 'researcher influence'. This was because the achievement of agreement to implement the proposals became something of a crusade by the author. This took almost a year and exposed the other specialists to some very heated management meetings with senior people in the company who were, at first, very resistant to having what they saw as two managers doing one job. By the time the interviews took place, most of the specialists had witnessed or supported the author's arguments to justify the approach. Most had invested time in support of the proposal such that any response other than a supportive one would have been surprising.

Chapter 2 described the managerial system applied in the research site (Figure 2, p.78) and also the computer system built to facilitate it (pp.76-84). Some of the output of the computer system requested by the personnel managers was shown in chapter 2 (Table 10, p.80) and examples of the customer satisfaction report format was shown in appendix 1 together with a selection of the reports used by the organisational (line) managers in their discussions with company divisions with a view to facilitating organisational feedback.

Additionally, chapter 2 considered the development and piloting of questionnaires through to the final version used to collect data for the study in chapter 3.

The objectives of the study described in chapter 3 were split into nine areas. The first objective was to compare main company divisions in terms of age and gender against the survey sample. Using chi-square, the results (pp.94-98) indicated that on a surface level the sample showed higher usage of the service in the younger age groups and by female clients than might have been expected (Table 12, p.94). However, it was only when the data were analysed further that it became clear that there was a more complex pattern underlying this (Figure 9, p.96). These findings can be interpreted in several ways, none of which are provable in a single piece of research. It may be that the sample was not representative of the population. Alternatively, it may be that different age-gender groupings do, indeed, have different take-up rates.

Future research should investigate these propositions because the implications for resourcing a counselling unit may well depend upon the age-gender structure of its potential customer-base. Furthermore, the level of analysis used in checking for possible confounding in research results is demonstrated by this data to be important. It would, for example, be possible for a sample to show no difference between observed and expected values in (say) gender take-up, when underlying this there was a higher take-up than expected in young males and a lower take-up than expected in older males.

The second and third objectives set out to compare respondents and non-respondents in order to indicate possible confounding variables and so the caution suggested in the last paragraph must be applied to these results. However, it appeared (pp.97-100) that client age, grade and gender did not differ between respondents and non-respondents.



It also seemed (p.101) that counsellor age, experience and gender were not responsible for differences in clients response behaviour.

These two objectives were in place to enable the fourth to be considered. This was intended to investigate a crucial problem for evaluation research in general. That is that respondents believe they benefit more from counselling than non-respondents with the result that evaluation studies using client perceptions of benefit will inevitably show counselling in a positive light.

The analysis met head-on with some of the difficulties in analysing this type of data. Repeated measures and leaps of faith in arguing that known data can represent that which is not available stretched the author's positivism to its limits. Nevertheless, the results (Tables 22-23, p.103) showed some effect, even though it was argued (p.117) that the effect probably did not have practical significance for the management of a counselling unit.

The fifth objective was to compare responding client and counsellor perceptions of benefit in order to investigate the extent of agreement and disagreement. The results indicated little correspondence in the raw data ( $r=0.1509$ ) but over 80% of the collapsed sample agreed that the client benefited (p.105, p.118-119). This raises the question of what the disagreement was about and has implications for future research into why counsellors and clients have different views regarding client benefit. This issue has been around for a long time and Lambert and Hill (1994) made the point forcibly that different judges produce different outcomes (quoted on p.123).

It was suggested (p.124) that further research should be conducted into both the counsellor's perception of the client's perception of benefit as well as potential differences between the client and counsellor stated and observed beliefs. Whilst the work of Argyris (1982) was cited as a potential model for such work (p.124), it is difficult to see how this might be applied in real-world casework. However, there is perhaps, scope to investigate discrepancies in counsellor belief systems using case-study material in the classroom or laboratory.

Problems with definitions and trying to encompass a real person's problems into a limited range of categories were highlighted in the investigation of the sixth objective (pp.106-109 & pp.118-120). The main developmental message for the scheme's managers was to remind counsellors of the need to consider the whole person – their work as well as home lives – in dealing with a case. This section also raised an issue pertinent to the quantitative-qualitative debate in that it became clear that statistical associations between problem types could only be evaluated by examining the data on a case by case basis (pp.119-120). Again, this has implications for the examination of previous research in as much as quantitative approaches may have degraded data to such an extent that real meaning is lost and it clearly indicates that future research in counselling should try to ensure that qualitative data are collected which can clarify or triangulate quantitative data.



The seventh objective set out to examine if the relationship variables used in the questionnaires could be considered a 'scale', tapping into a single underlying construct. Although the results (pp.110-111) superficially supported such a hypothesis, they may equally be the result of a halo effect in that clients may have given an overall answer of 'goodness' or 'badness' which was not really broken down into the specific areas which the questions were designed to uncover. Follow-up research might use a range of techniques to investigate these issues further. For example, by analysing segments of tape recordings of individual counselling sessions, it might be possible to demonstrate association between counsellor summaries and reflections which have empathic content and client response to questions on 'understanding'. By using different sessions with the same counsellor, it might be possible to quantify the actual amount of affective empathic responses (understanding of feelings) and cognitive empathic responses (understanding of problems) and compare these results against client response to these to question areas. Such research would, of course, be confounded by the use of different clients but it might indicate whether a halo effect could have been responsible for the results obtained here.

The eighth objective from the study reported in chapter 3 was concerned with the relevance of the Rogerian facilitative conditions (Rogers, 1957) to the prediction of outcome after the first session. The results (p.112) may have been confounded by the correlations between predictor variables and the fact that different counsellors might produce different results. Nevertheless, they do appear to lend support to the belief that the conditions are 'necessary'. Furthermore, the distinction between cognitive and affective empathy apparent in the results (See p.121) suggests an area for future research into the importance placed by clients in these two areas. Counsellor training tends to encourage affective as well as cognitive understanding and the author's own experience also indicates the importance of taking into account the client's feelings, if only as a facilitator for the client's further exploration of their problem situation. However, it may be that the client perceives that understanding of problem is more important but that the effectiveness of the process depends upon the counsellor's affective understanding. An experiment to investigate this area is easy to conceive but ethical considerations probably mean that future investigation should use naturalistic techniques such as analysing tape-recorded casework along the lines suggested above (p.197).

The final objective in this study was intuitively logical and straightforward. It set out to assess the utility of recommending that the scheme's developmental managers should discuss cases where there were discrepancies between client and counsellor perceptions on the variables in the survey on the grounds that shared perceptions indicate a high level of empathy and discrepancies indicate a low level of empathy which might be improved. This objective, implicitly, questions the validity of using the original casework management approach of focusing on cases where there were differences between clients and counsellors. As such, it was (originally) a crucial question and had the results been known before starting the research it is doubtful if it would ever have been started. The shortness of the results (p.113) and the discussion (p.122-123) belies the amount of work that was actually put into this analysis in an attempt to overcome repeated measures issues. In fact, had the results indicated a



significant prediction effect, they could not have been used to support the approach<sup>2</sup>. Fortunately, a non-significant result was obtained. Unfortunately, this indicated that the original conception of Casework Management to focus on discrepancy scores was flawed.

A real concern with this type of analysis is that it is only valid where the result is non-significant – a significant result could arise because of the relationships between the original variables. Therefore, it is a dangerous strategy to adopt since, where the aim is to validate an approach, a significant result does not actually provide support.

This section of the work reinforces the point made above (p.197) that future research should investigate what the discrepancies between clients and counsellors (and expert judges) actually mean. If it were argued that empathy between participants could explain the differences between expert judges and participants in counselling research, we should surely expect those cases with high empathy (presumably those with low difference scores) to produce better outcome results. We should not expect difference scores to be poor predictors of outcome as these results show. Therefore, something is going on which appears to be unrelated to outcome or empathy and which cries out for further investigation.

So, the first main study probably raised more questions than it answered. It did, however, involve the development of the computer system which covered two of the original aims stated in the first chapter and referred to above (p.195). Through the provision of management reports, the organisational (line) managers were able to engage in meaningful discussion with company divisions and the unit's senior managers were provided with the customer satisfaction data that they required.

The study showed the importance of considering the level of analysis carefully when looking for confounding variables, suggested several avenues for future research to follow into empathy and the question of differences in perception between participants as well as between them and non-participants. It also demonstrated that the original premise for the casework management approach was flawed.

### **The second main study into process notes**

The investigation of the final objective in the first study could have sounded the death knell of the research had the practical use of the casework management process remained concerned with discrepancies between clients and counsellors. However, like most good theories, the best way of seeing if they work is probably in a naturalistic setting. It had become clear by the way that the system was being used by the author (at least) that the original conception was flawed, even before there were enough results to prove it.

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<sup>2</sup> Where derived scores (in this case difference scores) come from variables correlated with the criterion variable (in this case client outcome), it should be expected that the derived scores would receive inflated correlations with the criterion. (Cohen (1983))



The computerisation of counsellor notes enabled the author to scan large numbers of cases in a relatively short amount of time and the discussion (p.125) indicated that a tentative theory was beginning to emerge as to what was relevant and what was not. From an essentially quantitative first study, an essentially qualitative second study developed.

The first objective came from the observation (p.128) that not all counsellors were clear as to the type of notes that the researcher was expecting them to produce. It concerned the development of a guidance note (Figure 13, p.142) designed to encourage counsellors to concentrate more upon the counselling process than upon the content of sessions. The note was based on some of the ways that the author might have responded during playback of role-play videotapes on training events and, as such, might be useful to others. However, the questions in it were not meant to be definitive, merely some examples of the type of issues that might be usefully considered.

The results (Figure 13, p.142 & p.146) and the discussion (p.164) appear to show that it was necessary for the counsellors to have 'hands-on' experience in order to use the guidance note effectively and there is probably a message here for bureaucrats as well as researchers. In the research site, a great deal of paperwork circulated and so even getting people to read correspondence became a problem.

The initial analysis of casework that showed 'something more than content' in counsellors' notes marked the start of the move into the more qualitative area by the researcher. This felt uncomfortable, rather subjective and almost as though there was a security in that quantitative approaches, to some extent justify themselves whereas qualitative approaches can run the risk of the accusation of subjectivity. However, despite the discomfort, the researcher believed that it was necessary to start somewhere and given that no suitable definition of 'process' could be found in the literature, the road to a definition was bound to be somewhat iterative and uncomfortable.

As a result of examining the counsellors' notes, the definition of what was required began to become clearer (Table 30, p.148) and some of the potential development issues began to come to the surface, such as the definition of immediacy (pp.164-165)

Although the initial search had been aimed at distinguishing content from process, it became clear from looking at counsellor notes that this grouping was probably not the most useful categorisation, and although a better way had begun to emerge (Table 30, p.148), this needed to be checked out in the real world through the study described on pages 149-156. The problems identified in the study enabled the revised measure to be developed (pp.158-159) and this was then trialled on some of the original counsellor notes with the result that individual development needs, in so far as notes were concerned, could be highlighted (p.161)

Early evidence, although anecdotal in nature, appeared to indicate that the revised measure was useful (p.168) and the reliability analysis (p.163, p.168), which



produced an alpha value of 0.79, indicated that the measure was worthy of further effort.

Although the factor analysis failed to produce meaningful results, this may have been because the analysis was effectively limited to the first two categories in the revised measure. On the one hand this was good news, in that the site clearly had development potential, but on the other, the factor and reliability analyses would have been more robust if the data had been more evenly spread across the measure. Future research should therefore investigate the measure's utility in different environments, or in the same environment after the measure has been in use for several months.

So, the second main study was rather more qualitative in nature but it demonstrated that quantitative and qualitative methods can be combined to produce pragmatically meaningful output. The revised process measure could have been expanded to cover more categories such as specific skill use etc. but its practical value lies in the fact that it addresses an important range of issues in a small amount of space. The development of the measure did raise a further question as to why some individuals seemed to be able to produce more effective notes than others and, when combined with Stoltenberg's (1981) comments about individuals 'motivational drivers', this led to the final study.

### **The third main study into the influences of internality, powerful others and chance**

The first objective was to administer a measure of the locus of control construct to a group of counsellors at the research site which might give some indication of both their own motivational drivers and those attributed to their (generalised) clients. This involved selecting an appropriate measure and modifying the original form so that a measure related to the perception of others could be built (p.174-177). The analysis of the differences between the self and others scales (p.179) showed that 79% of counsellors saw themselves as more internally motivated than they saw their clients and around 70% saw clients as more influenced by chance and powerful others than they saw themselves.

Intuitively, a counsellor espousing Rogerian views might have been expected to produce similar results for themselves and for clients. In the research site it might have been expected that if there were differences between counsellors views of themselves and their views of others' locus of control, this would be more pronounced in those counsellors who had been in the service longest and who had consequently been part of the former Welfare organisation. Similarly, if the anxiety reported by some of the developmental theorists considered in the first chapter were actually present, it might have been expected that beginning counsellors would be less internally driven than those with some experience. However, the details of the additional analyses (Appendix 9) and the discussion (p.185) indicated that neither 'experience', nor 'time since appointment' were associated with either the raw scores or with the difference between them.



The concerns about the effect of modifying the original measure resulted in the second objective in this study. This was to investigate the convergent validity of the two measures and to complete a reliability analysis on them. The results (p.179-180) did give some support to both the convergent validity (within each measure) and to the reliability of the measures but the discrepancies and a rather lower alpha coefficient than hoped for on 'others – Internality', when considered with the relatively small sample size (N=43), meant that caution was needed before drawing any firm conclusions. Further research on the 'client' measure would be useful in itself and another avenue of research would be to develop two, more specific, measures of locus of control geared to some of the actual situations encountered in the organisational setting.

The third objective in this part of the research was to investigate correlations between counsellor mean scores on fourteen variables related to the counselling relationship (7 from counsellor questionnaires and 7 from client questionnaires) and the counsellor scores on the locus of control measures. The underlying rationale for this was to examine the data for evidence that higher internality scores might be associated with 'better' counsellors.

In fact, the results (pp.180-181) and the discussion (pp.187-189) indicate that higher internality is associated with lower performance on the client measures and that higher chance scores are associated with increased performance. Unfortunately, because of the interrelations between the relationship variables, the results may be open to question. However, the study may have important implications for the way that counsellors are selected (p.188). Therefore, further research should ideally investigate locus of control both before and some time after counsellors have been selected.

The final objective of this study was designed to investigate the proposition that locus of control variables might be associated with the counsellors' performance on the revised process measure developed in chapter 4 (pp.158-159). It was suspected that a counsellor with a low internality score or with a high chance score might not 'own' responsibility for the counselling process and might not therefore be able to produce process notes. The results (Table 40, p.182) show that none of the locus of control variables from either of the two measures even approached significance and we can therefore conclude that the production of 'process' notes is not associated with locus of control.

So, the final study also produced some interesting results. Above all it demonstrated that the area of locus of control is worthy of much further research effort, probably with the first step of designing measures specifically for the counselling field.

Although the results can only be regarded as tentative at this stage, the implications of the finding that those with higher chance scores and lower internality scores on the self measure might make better counsellors caused the researcher some concern in his day to day role which includes responsibility for selection of new counsellors. Whilst, in the author's opinion, there has been a pressing need for some time for more work on the factors that indicate an individual with potential for the work, few



organisations are likely to be keen to invest the time and money needed to investigate the area. This is because in organisations where a selection process exists (like the author's) a large amount of money has already been spent in what is, after all, a relatively low staff-turnover job. Furthermore, counselling is still regarded by many managers as an overhead with no income generating facilities, so the people who would benefit most from further research are unlikely to be willing to fund it.

### **The studies combined**

Taking the three main studies and the supporting work reported in the first and second chapters together, the research represents an example of how qualitative and quantitative approaches might be meaningfully combined in studying complex issues.

The research investigated counselling in the UK organisational context, an area that has received little attention in the past but one which has potential to begin to answer some of the questions about counselling in general and how its practitioners' development might be facilitated in particular. With the rise in interest in measures such as counselling in industry that the last few decades have brought, the need to develop standards for selection and ongoing development has become more pressing.

On the next two pages, the contribution of this work and suggestions for future research are summarised but it seems appropriate to end with a reminder to counsellors and researchers in the area that the time is ripe for further research that might feed the current demand for services with some information that goes beyond the setting up of a new scheme and contributes to its future success:

“... There is a tide in the affairs of men, which, taken at the flood, leads on to fortune;  
Ommitted, all the voyage of their life  
Is bound in shallows and in miseries.  
On such a full sea we are now afloat,  
And we must take the current when it serves,  
Or lose our ventures...” (Julius Caesar, 217, Oxford standard authors  
Shakespeare)



## **Summary of the overall contribution of this work**

The present work has:

- Described and evaluated a computer-based developmental counselling management system which will allow others to tailor future systems.
- Demonstrated the importance of considering the level of analysis to be used when accounting for potential confounding variables such as age and gender.
- Provided some evidence for the proposition that respondents in evaluation surveys will have a more positive view of the service than those who do not respond, with the consequence that evaluation surveys will tend to produce positive results.
- Demonstrated that differences in client / counsellor perception of problem indicated the need for counsellors to consider the 'whole person'.
- Demonstrated that statistical associations between problem types could only be evaluated by looking at the totality of the case, clearly indicating one danger of too much reliance upon quantitative data alone.
- Produced a guidance note and showed the importance of demonstrating its practical use in convincing individuals to use it.
- Demonstrated that the terms 'content' and 'process' are too simplistic to be used for the purpose of defining the reflective practitioner.
- Described and evaluated the revised process measure with the purpose of facilitating counsellor development in a professional supervision arrangement.
- Described a measure of the perception of others' locus of control based on the work of Levenson (1981) and provided details of reliability and convergent validity.
- Demonstrated in the research site that counsellors see themselves as more internally motivated and less subject to the influence of chance or powerful others than they see their clients.
- Demonstrated in the research site that neither experience nor length of employment were associated with either the counsellors' own locus of control, their perception of others' loci or the difference between them.
- Demonstrated in the research site that higher levels of internality were associated with lower performance levels from the client's perspective and that higher scores on the chance subscale were associated with higher performance levels from the client's perspective.



- Demonstrated in the research site that results on the revised process measure were not associated with an individual's locus of control.

### **Summary of recommendations for future research**

**Future research should:**

- Investigate the proposition that there are specific trends in counselling take-up in particular age-gender groupings in a range of sites and counselling schemes. This could have implications for service resourcing and / or improving the service to meet the needs of particularly under-represented groups.
- Investigate individual and meta-perspectives as well as stated and observed beliefs between participants in the counselling dyad. Such research should use a combination of questionnaire, structured interviews and audio recording of sessions with a view to establishing why there are differences in perception between participants.
- Investigate, using a combination of client questionnaires, structured interviews with counsellors and audio recordings of sessions, any associations between the client's perception of counsellor cognitive and affective empathic behaviour and the counsellor's actual behaviour as recorded. Further, to quantify areas of difference in counsellor's actual behaviour and stated beliefs about their behaviour. The main purpose of such research should be to investigate the importance of cognitive and affective empathic behaviour of the counsellor to the counselling process and outcome.
- Further investigate the utility of the revised process measure with a range of counsellors.
- Develop more specific tools for the measurement of individual and attributed locus of control for counselling in an organisational setting.
- Investigate locus of control profiles for counsellors by administering the scale as a pre-recruitment measure and to a range of counsellors at different points in their careers. Some performance measures should also be collected with a view to confirming or refuting the findings in the work described here and making suggestions for the selection process within counselling.



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